

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

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Document Number:

400839721

Date Received:

05/14/2015

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 76104 4. Contact Name: judi kohn
 2. Name of Operator: SAMSON RESOURCES COMPANY Phone: (303) 2220964
 3. Address: TWO WEST SECOND ST Fax: _____
 City: TULSA State: OK Zip: 74103 Email: jkohn@samson.com

5. API Number 05-067-08083-00 6. County: LA PLATA
 7. Well Name: Southern Ute Well Number: 4E
 8. Location: QtrQtr: NENE Section: 15 Township: 32N Range: 7W Meridian: N
 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: MENEFEE-POINT LOOKOUT Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 08/19/2014 End Date: 08/20/2014 Date of First Production this formation: 08/28/2014
 Perforations Top: 5204 Bottom: 5538 No. Holes: 108 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

Please see individual stimulation inputs for each formation

Test data was conduction via simple flowback, metering and then put to sales. This is one representative day out of of 3 weeks of accumulated data.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 09/10/2014 Hours: 24 Bbl oil: 0 Mcf Gas: 253 Bbl H2O: 8
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 253 Bbl H2O: 8 GOR: _____
 Test Method: flowback Casing PSI: 277 Tubing PSI: 80 Choke Size: 64/64
 Gas Disposition: SOLD Gas Type: COAL GAS Btu Gas: 1193 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 5398 Tbg setting date: 08/26/2014 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____

** Sacks cement on top: _____

** Wireline and Cement Job Summary must be attached.

FORMATION: MENELEE Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/20/2014 End Date: 08/20/2014 Date of First Production this formation: 08/28/2014

Perforations Top: 5204 Bottom: 5220 No. Holes: 48 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: ☐

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 2351 Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 15 Number of staged intervals: 2

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 87

Fresh water used in treatment (bbl): 2336 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 40560 Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

FORMATION: POINT LOOKOUT Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/19/2014 End Date: 08/19/2014 Date of First Production this formation: 08/28/2014

Perforations Top: 5458 Bottom: 5538 No. Holes: 60 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: ☐

Please see attached Wellbore Diagram for the procedure.

This well was originally submitted under the general category of Mesa Verde. After conversations with the COGCC, it was decided to resubmit the stimulation information for the Point Lookout & Menefee formations separately and then list the test data under the producing Menefee-Point Lookout category.

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 4032

Max pressure during treatment (psi):

Total gas used in treatment (mcf):

Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment:

Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 32

Number of staged intervals: 3

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl): 175

Fresh water used in treatment (bbl): 4000

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 150000

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: Print Name: judi kohn

Title: sr regulatory analyst Date: 5/14/2015 Email: jkohn@samson.com

Attachment Check List

Att Doc Num	Name
400839721	FORM 5A SUBMITTED
400839750	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)