

FORM
5A

Rev
06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400883828

Date Received:

08/13/2015

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

2. Name of Operator: SAMSON RESOURCES COMPANY

3. Address: TWO WEST SECOND ST

City: TULSA State: OK Zip: 74103

4. Contact Name: judi kohn

Phone: (303) 2220964

Fax:

Email: jkohn@samosn.com

5. API Number 05-067-09338-00

7. Well Name: SCHOFIELD AUTO

8. Location: QtrQtr: NENW Section: 6 Township: 32N Range: 7W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 41-6-5

Completed Interval

FORMATION: FRUITLAND COAL

Status: PRODUCING

Treatment Type: ACID JOB

Treatment Date: 08/10/2015

End Date: 08/11/2015

Date of First Production this formation: 06/19/2007

Perforations Top: 3132

Bottom: 3430

No. Holes: 152

Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

8/11/2015 10:00 11:00 1) Set RBP @ 3445', Packer @ 3391'. Pressure tested lines to 2000# - Good. Pumped 100 gal 7.5% double inhibited HCL, 150 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. Saw a break from 1800# to 1200# @ 2BPM, went on vacume after flush. Acidized perfs 3426' - 3430'.

8/11/2015 11:00 12:00 2) Set RBP @ 3338', Packer @ 3265'. Pumped 100 gal 7.5% double inhibited HCL, 250 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. No pressure seen @ 4.5 BPM, went on vacume after flush. Acidized perfs 3306' - 3314'.

8/11/2015 12:00 13:00 3) Set RBP @ 3264', Packer @ 3202'. Pumped 200 gal 7.5% double inhibited HCL, 700 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 30 bbls fresh water. 600# pressure seen @ 4BPM, went on vacume after flush. Acidized perfs 3323' - 3248'.

8/11/2015 13:00 14:00 4) Set RBP @ 3196', Packer @ 3148'. Pumped 100 gal 7.5% double inhibited HCL, 250 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. 700# pressure seen @ 4BPM, went on vacume after flush. Acidized perfs 3170' - 3180'.

8/11/2015 14:00 15:00 5) Set RBP @ 3150', Packer @ 3108'. Pumped 100 gal 7.5% double inhibited HCL, 150 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. Saw 2 breaks from 1200# to 600# and again from 1000# back down to 600# @ 3 BPM, went on vacume after flush. Acidized perfs 3132' - 3138', R/D H&M.

Returned to production

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

Total fluid used in treatment (bbl): 180

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): 50

Number of staged intervals:

Recycled water used in treatment (bbl):

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 130

Disposition method for flowback: DISPOSAL

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: 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: 8/13/2015 Email: jkohn@samson.com

Attachment Check List

Att Doc Num

Name

400883828

FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group

Comment

Comment Date

Permit	Corrected total acid and total fluid values, per operator.	8/20/2015 8:03:49 AM
Permit	Acid total in summary equals 2100 gal, or 50 bbl. Contacted operator to resolve discrepancy.	8/19/2015 2:00:11 PM

Total: 2 comment(s)