

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 400883820 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@samson.com

5. API Number 05-067-09227-00 6. County: LA PLATA 7. Well Name: SCHOFIELD AUTO 31x Well Number: 5-3 8. Location: QtrQtr: SWNE Section: 5 Township: 32N Range: 7W Meridian: N 9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 08/12/2015 End Date: 08/12/2015 Date of First Production this formation: 12/01/2010 Perforations Top: 2833 Bottom: 3176 No. Holes: 232 Hole size: 0.4

Provide a brief summary of the formation treatment: Open Hole: pumped 250 gals of 7.5% HCL. flushed with 20 bbls fresh water. held for 4 hours. returned well to production

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): 26 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): 6 Number of staged intervals: Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): 20 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
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Attachment Check List

Att Doc Num **Name**

400883820	FORM 5A SUBMITTED
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Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	Corrected total acid and total fluid values, per operator.	8/20/2015 8:05:39 AM
Permit	Acid total in summary reads 250 gal, or ~6 bbl (data field below this says "8 bbl"). Contacted operator to resolve discrepancy.	8/19/2015 2:09:41 PM
Permit	Returned to draft, per operator request.	8/13/2015 7:58:04 AM

Total: 3 comment(s)