

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



Table with columns DE, ET, OE, ES

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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 05-067-08911-00
6. County: LA PLATA
7. Well Name: SCHOFIELD AUTO 31X5
Well Number: 4
8. Location: QtrQtr: NWNW 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: 08/11/2015 End Date: 08/11/2015 Date of First Production this formation: 12/16/2014

Perforations Top: 2710 Bottom: 3007 No. Holes: 4 Hole size:

Provide a brief summary of the formation treatment: Open Hole: [ ]

pumped 250 gals of 7.5% HCL, flushed with 20 bbls fresh water down backside, held for 4 hours, turned back to production

This formation is commingled with another formation: [ ] Yes [X] 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:

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**

400883804	FORM 5A SUBMITTED
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Total Attach: 1 Files

### General Comments

<b>User Group</b>	<b>Comment</b>	<b>Comment Date</b>
Permit	Corrected total acid and total fluid values, per operator.	8/20/2015 8:06:21 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 2:25:02 PM
Permit	Returned to draft, per operator request.	8/13/2015 7:56:41 AM

Total: 3 comment(s)