



OPERATOR'S MONTHLY REPORT OF OPERATIONS

OPERATOR INFORMATION

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| OGCC Operator Number: 76104 | Contact Name and Telephone: |
| Name of Operator: SAMSON RESOURCES COMPANY | Name: Diana Davis |
| Address: TWO WEST SECOND ST | Phone: (918) 5911272 Fax: (918) 5917272 |
| City: TULSA State: OK Zip: 74103 | Email: dianad@samson.com |

OPERATOR COMMENTS AND SUBMITTAL

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

Signed: _____ Print Name: Diana Davis

Title: sr prod tech Date: 11/11/2015 Email: dianad@samson.com

By checking this box, operator is requesting an updated Delinquent Report, AFTER the Form 7 has been processed ☒

Operator Comments:

Monthly Report of Operations

Submitted Items Summary Totals:

Submitted: 14 In Process: 14 Modified: 0 Deleted: 0

Total 14 In Process

| No | API # | Well Name | Formation Code | Well Status |
|-----------------------|--------------|-------------------------------|----------------|-------------|
| Report Month: 09/2015 | | | | |
| 1 | 067-07781-02 | BRIGGS GU B #35-1 | FRLDC | PR |
| 2 | 067-07520-00 | COLORADO 32-7 #14 | FRLDC | PR |
| 3 | 067-08993-00 | FORD 33-8-9 #4 | FRLDC | PR |
| 4 | 067-08000-00 | IGNACIO 32-7 #23-1 | FRLDC | PR |
| 5 | 067-07412-02 | PAYNE 33-7-23 #1 | FRLDC | PR |
| 6 | 067-07470-00 | PAYNE 33-8 24#1 | FRLDC | PR |
| 7 | 067-07997-00 | RANDLE 33-7-10 #2 | FRLDC | PR |
| 8 | 067-07488-00 | SCHOFIELD AU #31X#5-2 | FRLDC | PR |
| 9 | 067-07582-00 | SCHOFIELD AU #41-6-2 | FRLDC | PR |
| 10 | 067-08083-00 | SO. UTE #4E SI | DKTA | TA |
| 11 | 067-08083-00 | SO. UTE #4E (MV) | ML-PL | PR |
| 12 | 067-08972-00 | SOUTHERN UTE 33-8-30 #3 (FRUI | FRLDC | PR |
| 13 | 067-09041-00 | UTE 33-7-25 #3 | FRLDC | PR |
| 14 | 067-08977-00 | UTE 33-8-29 #2R | FRLDC | PR |

Total 0 Modified

| No | API # | Well Name | Formation Code | Well Status |
|-----------------|-------|-----------|----------------|-------------|
| Report Month: / | | | | |
| | - - | | | |

Total 0 Deleted

| No | API # | Well Name | Formation Code | Well Status |
|-----------------|-------|-----------|----------------|-------------|
| Report Month: / | | | | |
| | - - | | | |

Attachment Check List

Att Doc Num**Name**

| | |
|-----------|------------------------------|
| 400934493 | Monthly Report Of Operations |
| 400934496 | Monthly Report Of Operations |
| 400934498 | Monthly Report Of Operations |
| 400934500 | Monthly Report Of Operations |

Total Attach: 4 Files

General Comments

User Group**Comment****Comment Date**

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Total: 0 comment(s)