

AB

State of Colorado
Oil and Gas Conservation Commission
Denver, Colorado 80203 (303) 894-2100 Fax: (303) 894-2109



This form is to be submitted within 30 days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report). If the well has been plugged, submit Form 6 (Well Abandonment Report).

1. OGCC Operator Number: <u>76100</u>	4. Contact Name & Phone <u>JUDY THRONEBERRY</u>
2. Name of Operator: <u>SAMEDAN OIL CORPORATION</u>	No: <u>(281) 876-6150</u>
3. Address: <u>12600 NORTHBOROUGH, SUITE 250</u>	Fax: <u>(281) 872-2503</u>
City: <u>HOUSTON</u> State: <u>TEXAS</u> Zip: <u>70067</u>	

Complete the
Attachment Checklist

5. API Number: <u>05-125-08471</u>	6. County: <u>YUMA</u>	Survey Plat	Oper	OGCC
7. Well Name: <u>DESCHAMP</u>	Well Number: <u>12-24</u>	Directional Survey		
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): <u>SWNW Sec. 24, T-1N, R-45W 6THth Meridian</u>		Surface Equipment Diagram		
Footage at Surface: <u>560' FWL & 1980' FNL</u>	9. Was directional survey run? <input type="checkbox"/> Y <input type="checkbox"/> N	Technical Information Page		
If directional, footage at Top of Prod. Zone: _____		Other		
If directional, footage at Bottom Hole: _____				
10. Field Name: <u>REPUBLICAN</u>	Field Number: <u>73275</u>			
11. Federal, Indian or State Lease Number: _____				
12. Spud Date: <u>2/19/2002</u>	13. Date TD Reached: <u>2/21/2002</u>	15. Well Classification		
		<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas		
		<input type="checkbox"/> Coalbed		
16. Total Depth MD <u>2447</u> TVD _____	17. Plug Back Total Depth MD <u>2370</u> TVD _____	<input type="checkbox"/> Stratigraphic <input type="checkbox"/> Disposal		
		<input type="checkbox"/> Enhanced Recovery		
18. Was a Mud Log Run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	19. Elevations GR <u>3807</u> KB <u>6</u>	<input type="checkbox"/> Gas Storage <input type="checkbox"/> Observation		
A copy of all electric and mud logs must be submitted.		<input type="checkbox"/> Other: _____		
20. List Electric Logs Run: <u>Dual Induction SFL/GR & Compensated Neutron Litho density</u>				

CASING, LINER and CEMENT

String	Hole Size	Csg/Liner Size	Csg/Liner Wt. (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No. of Sacks	Submit contractor's cement job summary for each string cemented.			
							Cement Interval		Identify Method	
							Top	Bottom	CBL	Calc
SURFACE	9 5/8	7"	20	Surface	353	150	Surface	353	<input type="checkbox"/>	<input type="checkbox"/>
PRODUCTION	6 1/4	4 1/2	10.5	Surface	2412	205	Surface	2412	<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
	/	/							<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
	/	/							<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
	/	/							<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
	/	/							<input type="checkbox"/>	<input type="checkbox"/>
Stage Cement									<input type="checkbox"/>	<input type="checkbox"/>
	/	/							<input type="checkbox"/>	<input type="checkbox"/>

FORMATION LOG INTERVALS and TEST ZONES

Formation	Measured Depth		Check if applies		***All DST and Core analysis must be submitted to COGCC.*** Comments
	Top	Bottom	DST	Cored	
SMOKEY HILLS	2235	2280	<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

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

Print Name: JUDY THRONEBERRY

Signed: Judy Throneberry

Title: REGULATORY SUPERVISOR

Date: 3/22/2002



Date <u>2-19-02</u>		Well Owner <u>Oil Corporation</u>		Well No. <u>12-24</u>		Lease <u>Deschamps</u>	
County <u>Yuma</u>		State <u>Colorado</u>				Field	
Charge to <u>Excell Drilling Company</u>						Charge Code	
Address <u>Rio #2</u>						For Office Use Only	
City, State <u>Wray Colorado</u>							
Pump Truck No. <u>1206</u>		Code		Bulk Truck No. <u>1211</u>		Code	
Type of Job		Depth		Ft. <u>370'</u>		To	
Surface <u>7'</u>		Bottom of Surface		Ft. <u>353'</u>		To	
Plug		Plug Landed @ <u>333'</u>		Ft. <u>17:00 pm</u>		Time On	
Production		Pipe Landed @ <u>353'</u>		Ft. <u>plug down @ 17:45 pm</u>		Time Off	
Reference No.		Description					

Remarks: <i>1000 Lush w/ 8 ERLS H³⁰</i>		Tax Reference Code		Sub Total			
<i>Disposal w/ 13 ERLS H³⁰</i>		State <i>2.9%</i>		Tax			
<i>Circulate 2 ERLS Cement</i>		Disc.		Total			
Truck No.	Code	State Mileage	Nebraska	Colorado	Wyoming	Other	Total Mileage
<i>1206</i>		Pump Truck		<i>40</i>			
<i>1211</i>		Bulk Truck		<i>40</i>			

Delivered By Leon - Kenny

Received By [Signature]
Customer or His Agent



CEMENTER'S WELL SERVICE, INC.

P.O. BOX 336220 • GREELEY, CO 80633 • (970) 353-7299 • FAX (970) 353-7712

OUR INVOICE # 13221

Samson

Date <i>7-21-02</i>	Well Owner <i>Oil Corporation</i>	Well No. <i>12-24</i>	Lease <i>Deschamps</i>
County <i>Yuma</i>	State <i>Colorado</i>	Field	
Charge to <i>Excell Drilling Company</i>	Charge Code		For Office Use Only
Address <i>Rig #2</i>			
City, State <i>Wray Colorado</i>			
Pump Truck No. <i>1206</i>	Code	Bulk Truck No. <i>1213</i>	Code
Type of Job	Depth	Ft. <i>2447'</i>	To
Surface	Bottom of Surface	Ft.	To
Plug	Plug Landed @ <i>2390'</i>	Ft.	Time On <i>07:00 AM</i>
Production <i>4 1/2" casing 10.5"</i>	Pipe Landed @ <i>2412'</i>	Ft.	Time Off <i>plug down @ 08:30 AM</i>

Reference No.	Description	Qty.	Meas.	Unit Price	Amount
	Pump Truck Charge				
<i>Field 1-23</i>	Cement <i>Light Cement</i>	<i>130</i>	<i>SKS</i>	<i>WT 13.1 PPG</i>	
<i>" 1-26</i>	Poz. Mix <i>50/50</i>	<i>75</i>	<i>SKS</i>	<i>WT 14.2 PPG</i>	
	Calcium Chloride <i>10% salt</i>				
	Gel <i>2 %</i> Flo-Cele #Per Sack				
	Handling Charge				
	Hauling Charge				
	Additional Cement				
<i>4 1/2"</i>	<i>Control valves</i>	<i>6</i>			
<i>"</i>	<i>Scratchers</i>	<i>7</i>			
<i>"</i>	<i>A.F.U. shoe</i>	<i>1</i>			
<i>"</i>	<i>latch down plug & bottle</i>	<i>1</i>			
	<i>Mixing Rate 4 BPM - Displacement Rate 6 BPM</i>				
	<i>circulate 3 PPL cement back to surface</i>				

Remarks <i>Pre flush w/ 10 EPL - Mud Flush</i>	Tax Reference Code	Sub Total
<i>Displace w/ 38.5 PPL - KCL</i>	State <i>2.9 %</i>	Tax
<i>Landed plug w/ 2000 PSI</i>	Disc.	Total

Truck No.	Code	State Mileage	Nebraska	Colorado	Wyoming	Other	Total Mileage
<i>1206</i>	Pump Truck			<i>40</i>			
<i>1213</i>	Bulk Truck			<i>40</i>			

We do not assume any responsibility for any damage or conditions resulting from our services. All pricing is subject to review and revision.

Delivered By *Keen - Kenny*

Received By *Don D. [Signature]*
Customer or His Agent