

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

1637943

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 4. Contact Name: KATHY STANTON
2. Name of Operator: SAMSON RESOURCES COMPANY Phone: (918) 583-1791
3. Address: TWO WEST SECOND ST Fax: (918) 591-1796
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09246-00 6. County: LA PLATA
7. Well Name: SOUTHERN UTE 32-7-9 Well Number: 5
8. Location: QtrQtr: SENW Section: 9 Township: 32N Range: 7W Meridian: N

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>		Status: <u>N/A</u>	
Treatment Date: <u>03/04/2010</u>		Date of First Production this formation: <u>03/04/2010</u>	
Perforations	Top: <u>2991</u> Bottom: <u>3148</u>	No. Holes: <u>132</u>	Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>FRAC WITH 2952 GALS FLUID AND 175464# SAND.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>03/20/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>181</u> Bbls H2O: <u>62</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>181</u> Bbls H2O: <u>62</u> GOR: <u>0</u>
Test Method: <u>PUMPING</u>	Casing PSI: <u>115</u>	Tubing PSI: <u>115</u>	Choke Size: <u>0.28125</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>COAL GAS</u>	BTU Gas: <u></u>	API Gravity Oil: <u></u>
Tubing Size: <u>2.375</u>	Tubing Setting Depth: <u>3346</u>	Tbg setting date: <u>03/15/2010</u>	Packer Depth: <u></u>
Reason for Non-Production: <u></u>			
Date formation Abandoned: <u></u>		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u></u>		Sacks cement on top: <u></u>	

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

Signed: _____ Print Name: RANDAL MAXWELL
Title: MANAGER REG ENGINEERING Date: 3/14/2010 Email: KSTATON@SAMSON.COM

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 6/21/2010

Attachment Check List

Att Doc Num	Name	Doc Description
1637943	FORM 5A SUBMITTED	LF@2480818 1637943

Total Attach: 1 Files