

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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COMPLETED INTERVAL REPORT

Document Number:

2555303

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, reoperation 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: JANE STRUTT  
Phone: (918) 591-1140  
Fax: (918) 591-7140

5. API Number 05-067-09306-00  
6. County: LA PLATA  
7. Well Name: IGNACIO 33-7  
Well Number: 16-5  
8. Location: QtrQtr: SWSW Section: 33 Township: 33N Range: 7W Meridian: N  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING

Treatment Date: 04/21/2010 Date of First Production this formation: 05/05/2010

Perforations Top: 2832 Bottom: 3174 No. Holes: 196 Hole size: 40/100

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

PERF 3168-3174 & 3027-3032'- STG 1 FRAC: ACIDIZE W/ 1650 GAL 15% HC1 (NO BALL OUT), PUMP 60,000# 20/40 SD W/ 1161 BBL FLUID (AP 1732PSI, AR 20.3 BPM, ISIP 871 PSI, FG 0.71), SET CBP @ 2990', PERF 2922-2942', STG 2 FRAC: ACIDIZE W/ 2000 GAL 15% HC1 (NO BIO BALLS), PUMP 108,000# 20/40 SD W/ 1539 BBL FLUID (AP 2585 PSI, AR 21.4 BPM, ISIP 2204 PSI, FG 1.18), SET CBP @ 2900', PERF 2872-2878 & 2832-2839', 3RD STG FRAC: ACIDIZE W/ 1950 GAL 15% HC1 (NO BALL OUT), PUMP 84,300# 20/40 SD W/ 1355 BBL FLUID (AP 2634 PSI, AR 18.1 BPM, ISIP 2223 PSI, FG 1.21)

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 05/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 68

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 101 Bbls H2O: 68 GOR: \_\_\_\_\_

Test Method: FLOWING Casing PSI: 85 Tubing PSI: 120 Choke Size: 17/64

Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 3231 Tbg setting date: 05/03/2010 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: \_\_\_\_\_

Comment:  
\_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: JANE STRUTT

Title: REGULATORY ENGINEER Date: 6/4/2010 Email JSTRUTT@SAMSON.COM  
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 10/19/2010

**Attachment Check List**

| Att Doc Num | Name              | Doc Description    |
|-------------|-------------------|--------------------|
| 2555303     | FORM 5A SUBMITTED | LF@2503338 2555303 |

Total Attach: 1 Files