

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:

2555765

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: JANE STRUTT
2. Name of Operator: SAMSON RESOURCES COMPANY Phone: (918) 591-1140
3. Address: TWO WEST SECOND ST Fax: (918) 591-7140
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09280-00 6. County: LA PLATA
7. Well Name: SOUTHERN UTE 32-7-10 Well Number: 7
8. Location: QtrQtr: NENW Section: 10 Township: 32N Range: 7W Meridian: N
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>FRUITLAND COAL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>04/30/2010</u>	Date of First Production this formation: <u>05/11/2010</u>
Perforations Top: <u>3188</u> Bottom: <u>3484</u>	No. Holes: <u>244</u> Hole size: <u>40/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>FRAC WITH 5,428 BBLS FLUID AND 321,012 # SAND. ACIDIZE WITH 188 BBLS 15% HCL.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>05/16/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>229</u> Bbls H2O: <u>51</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>229</u> Bbls H2O: <u>51</u> GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>460</u> Tubing PSI: <u>250</u> Choke Size: <u>24/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>COAL GAS</u> BTU Gas: <u>980</u> API Gravity Oil: <u>2</u>	
Tubing Size: <u>3 + 3/8</u> Tubing Setting Depth: <u>3165</u> Tbg setting date: <u>05/11/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 6/10/2010 Email JSTRUTT@SAMSON.COM

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 G. Neslin

Director of COGCC

Date: 11/1/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555765	FORM 5A SUBMITTED	LF@2507845 2555765

Total Attach: 1 Files