

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2555765

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: FRUITLAND COAL Status: PRODUCING  
 Treatment Date: 04/30/2010 Date of First Production this formation: 05/11/2010  
 Perforations Top: 3188 Bottom: 3484 No. Holes: 244 Hole size: 40/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
FRAC WITH 5,428 BBLs FLUID AND 321,012 # SAND. ACIDIZE WITH 188 BBLs 15% HCL.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 05/16/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 229 Bbls H2O: 51  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 229 Bbls H2O: 51 GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 460 Tubing PSI: 250 Choke Size: 24/64  
 Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: 2  
 Tubing Size: 3 + 3/8 Tubing Setting Depth: 3165 Tbg setting date: 05/11/2010 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: 6/10/2010 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 S. 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