

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:

2556202

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 05-067-09297-00 6. County: LA PLATA
7. Well Name: IGNACIO 33-7-32 Well Number: 7
8. Location: QtrQtr: NWNW Section: 32 Township: 33N Range: 7W Meridian: N
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 05/06/2010 Date of First Production this formation: 05/26/2010
Perforations Top: 2842 Bottom: 3238 No. Holes: 532 Hole size: 4/10
Provide a brief summary of the formation treatment: Open Hole: ☐
FRAC WITH 193,333# SAND AND 2,928 BBLS FLUID. ACIDIZE WITH 145 BBLS 15% HCL
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/31/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 258 Bbls H2O: 103
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 258 Bbls H2O: 103 GOR: _____
Test Method: FLOWING Casing PSI: 210 Tubing PSI: 210 Choke Size: 19/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 980 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3296 Tbg setting date: 05/25/2010 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: RANDAL L MAXWELL
Title: REGULATORY ENGINEER Date: 6/23/2010 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
2556202	FORM 5A SUBMITTED	LF@2512210 2556202

Total Attach: 1 Files