

FORM
5
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

DRILLING COMPLETION REPORT

Document Number:

400117173

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-067-09310-00 6. County: LA PLATA
7. Well Name: SOUTHERN UTE 33-9-36 Well Number: 4
8. Location: QtrQtr: NWSW Section: 36 Township: 33N Range: 9W Meridian: N
Footage at surface: Distance: 1454 feet Direction: FSL Distance: 1128 feet Direction: FWL
As Drilled Latitude: 37.057251 As Drilled Longitude: -107.782150

GPS Data:

Data of Measurement: 12/06/2010 PDOP Reading: 6.0 GPS Instrument Operator's Name: D Myers

** If directional footage

at Top of Prod. Zone Distance: 778 feet Direction: FSL Distance: 1851 feet Direction: FWL
Sec: 36 Twp: 33N Rng: 9W
at Bottom Hole Distance: 692 feet Direction: FSL Distance: 1955 feet Direction: FWL
Sec: 36 Twp: 33N Rng: 9W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: 14-20-151-57

12. Spud Date: (when the 1st bit hit the dirt) 10/18/2010 13. Date TD: 10/23/2010 14. Date Casing Set or D&A: 10/24/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 4410 TVD 4235 17 Plug Back Total Depth MD 4343 TVD 4170

18. Elevations GR 7365 KB 7377

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

BVP/RT/SDL/DSN/Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8	24	363	265	0	370	
1ST	7+7/8	5+1/2	17	4,399	635	0	4,410	

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
KIRTLAND	2,953	3,842	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,842	4,207	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	4,207		<input type="checkbox"/>	<input type="checkbox"/>	

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 E Strutt

Title: Regulatory Technician Date: _____ Email: jstrutt@samson.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400117196	CEMENT JOB SUMMARY
400117197	DIRECTIONAL SURVEY

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)