

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

Document Number:  
2505126

DRILLING COMPLETION REPORT

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 STRUT  
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 05-067-09330-00 6. County: LA PLATA  
7. Well Name: UTE 33-8-29 Well Number: 4  
8. Location: QtrQtr: NWNW Section: 29 Township: 33N Range: 8W Meridian: N  
Footage at surface: Distance: 1135 feet Direction: FNL Distance: 1157 feet Direction: FWL  
As Drilled Latitude: 37.079090 As Drilled Longitude: -107.746150

GPS Data:

Data of Measurement: 05/18/2010 PDOP Reading: 3.0 GPS Instrument Operator's Name: D. MYERS

\*\* If directional footage

at Top of Prod. Zone Distance: 1881 feet Direction: FNL Distance: 1886 feet Direction: FWL  
Sec: 29 Twp: 33N Rng: 8W  
at Bottom Hole Distance: 1976 feet Direction: FNL Distance: 1955 feet Direction: FWL  
Sec: 29 Twp: 33N Rng: 8W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300  
11. Federal, Indian or State Lease Number: 14-20-151-22

12. Spud Date: (when the 1st bit hit the dirt) 04/24/2010 13. Date TD: 04/28/2010 14. Date Casing Set or D&A: 04/30/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 4350 TVD 4176 17 Plug Back Total Depth MD 4215 TVD 4047

18. Elevations GR 7428 KB 7444

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:

CBL/GR/CCL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	631	440	0	635	CALC
1ST	7+7/8	5+1/2		0	4,342	640	500	4,350	CBL

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	2,726	3,906	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,906	4,174	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	4,174		<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: RANDAL L. MAXWELL

Title: REGULATORY Date: 7/14/2010 Email: JSTRUTT@SAMSON.COM

**Attachment Check List**

Att Doc Num	Name
2072178	CEMENT JOB SUMMARY
2505126	FORM 5 SUBMITTED
2505127	DIRECTIONAL SURVEY

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)