

FORM
5Rev
02/08State 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:

2511055

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 STRUTT
2. Name of Operator: SAMSON RESOURCES COMPANY Phone: (918) 5911140
3. Address: TWO WEST SECOND ST Fax: (918) 5917140
City: TULSA State: OK Zip: 74103

5. API Number 05-067-09372-00 6. County: LA PLATA
7. Well Name: COLORADO 32-7 Well Number: 11
8. Location: QtrQtr: SWSW Section: 4 Township: 32N Range: 7W Meridian: N
Footage at surface: Distance: 1084 feet Direction: FSL Distance: 1072 feet Direction: FWL
As Drilled Latitude: 37.041810 As Drilled Longitude: -107.619438

GPS Data:

Data of Measurement: 06/25/2010 PDOP Reading: 2.9 GPS Instrument Operator's Name: D MYERS

** If directional footage

at Top of Prod. Zone Distance: 1831 feet Direction: FSL Distance: 727 feet Direction: FWL
Sec: 04 Twp: 32N Rng: 07W
at Bottom Hole Distance: 1954 feet Direction: FSL Distance: 678 feet Direction: FWL
Sec: 04 Twp: 32N Rng: 07W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
11. Federal, Indian or State Lease Number: 14-20-151-4

12. Spud Date: (when the 1st bit hit the dirt) 05/06/2010 13. Date TD: 05/10/2010 14. Date Casing Set or D&A: 06/21/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 3354 TVD 3195 17 Plug Back Total Depth MD 3320 TVD 316218. Elevations GR 6367 KB 6383

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	404	310	0	410	CALC
1ST	7+7/8	5+1/2		0	3,354	410	0	3,354	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	1,951	2,893	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	2,893	3,194	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,194		<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 MAXWELL

Title: REGULATORY ENGINEER Date: 7/21/2010 Email: JSTRUTT@SAMSON.COM

Attachment Check List

Att Doc Num	Name
2072177	CEMENT JOB SUMMARY
2511055	FORM 5 SUBMITTED
2511056	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req digital logs	2/14/2011 12:58:45 PM

Total: 1 comment(s)