

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:
2512101

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

5. API Number 05-067-09313-00
6. County: LA PLATA
7. Well Name: SOUTHERN UTE 33-7-32 Well Number: 4
8. Location: QtrQtr: NWNE Section: 32 Township: 33N Range: 7W Meridian: N
Footage at surface: Distance: 1105 feet Direction: FNL Distance: 1445 feet Direction: FEL
As Drilled Latitude: 37.064788 As Drilled Longitude: -107.628161

GPS Data:

Data of Measurement: 07/29/2010 PDOP Reading: 4.3 GPS Instrument Operator's Name: D MYERS

** If directional footage

at Top of Prod. Zone Distance: 1768 feet Direction: FNL Distance: 841 feet Direction: FEL
Sec: 32 Twp: 33N Rng: 07W
at Bottom Hole Distance: 1936 feet Direction: FNL Distance: 689 feet Direction: FEL
Sec: 32 Twp: 33N Rng: 07W

9. Field Name: IGNACIO BLANCO
10. Field Number: 38300
11. Federal, Indian or State Lease Number: 14-20-604-242

12. Spud Date: (when the 1st bit hit the dirt) 06/09/2010 13. Date TD: 06/11/2010 14. Date Casing Set or D&A: 06/13/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3365 TVD 3109 17 Plug Back Total Depth MD 3288 TVD 3032

18. Elevations GR 6399 KB 6415

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	363	280	0	375	CALC
1ST	7+7/8	5+1/2		0	3,365	430	400	3,365	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	1,842	2,802	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	2,802	3,180	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,180		<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: RANDEL MAXWELL

Title: REGULATORY ENGINEER Date: 8/18/2010 Email: JSTRUTT@SAMNON.COM

Attachment Check List

Att Doc Num	Name
2512101	FORM 5 SUBMITTED
2512102	CEMENT JOB SUMMARY
2512103	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 12:51:18 PM

Total: 1 comment(s)