

**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:

400160905

**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) 591-1140

3. Address: TWO WEST SECOND ST

Fax:

City: TULSA State: OK Zip: 74103

5. API Number 05-067-09837-00

6. County: LA PLATA

7. Well Name: IGNACIO 32-7-23

Well Number: 5

8. Location: QtrQtr: NWSW Section: 23 Township: 32N Range: 7W Meridian: N

Footage at surface: Distance: 997 feet Direction: FSL Distance: 955 feet Direction: FWL

As Drilled Latitude: 37.002734 As Drilled Longitude: -107.583136

## GPS Data:

Date of Measurement: 05/09/2011 PDOP Reading: 4.5 GPS Instrument Operator's Name: D Myers

\*\* If directional footage at Top of Prod. Zone Dist.: 737 feet. Direction: FSL Dist.: 300 feet. Direction: FEL

Sec: 22 Twp: 32N Rng: 7W

\*\* If directional footage at Bottom Hole Dist.: 668 feet. Direction: FSL Dist.: 653 feet. Direction: FEL

Sec: 22 Twp: 32N Rng: 7W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/04/2011 13. Date TD: 03/10/2011 14. Date Casing Set or D&amp;A: 03/11/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 3790 TVD\*\* 3355 17 Plug Back Total Depth MD 3689 TVD\*\* 3267

18. Elevations GR 6287 KB 6299

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/CCL/GR/Triplo combo/Gas Spectrum, hole vol, aifs, radii (cbl), hole vol caliper, den/neu,

## 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	24	0	358	265	0	370	VISU
1ST	7+7/8	5+1/2	17	0	3,777	560	0	3,790	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	2,683	3,085	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	3,085	3,463	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,463		<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: 5/9/2011 Email: jstrutt@samson.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400160922	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400160923	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400160905	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	REQ DIGITAL LOGS	7/21/2011 12:28:36 PM

Total: 1 comment(s)