

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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) 591-1140
Fax:

5. API Number 05-067-09846-00
6. County: LA PLATA
7. Well Name: COLORADO 32-7-9
Well Number: 14
8. Location: QtrQtr: NENE Section: 9 Township: 32N Range: 7W Meridian: N
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING
Treatment Date: 11/13/2011 Date of First Production this formation: 11/23/2011
Perforations Top: 2926 Bottom: 3180 No. Holes: 168 Hole size: 0.34
Provide a brief summary of the formation treatment: Open Hole: []
Frac with 4,330 Bbls fluid and 262,289# sand. Acidize 6,700 gals with 15% HCL
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 11/28/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 90 Bbls H2O: 28
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 90 Bbls H2O: 28 GOR:
Test Method: pumping Casing PSI: 95 Tubing PSI: 75 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3227 Tbg setting date: 11/21/2011 Packer Depth:
Reason for Non-Production:
Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

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: 12/21/2011 Email: jstrutt@samson.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400232796	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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