

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400653101

Date Received:

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 05-067-09869-00 6. County: LA PLATA
 7. Well Name: Bonine 34-7-24 Well Number: #4
 8. Location: QtrQtr: NWSE Section: 24 Township: 34N Range: 7W Meridian: M
 Footage at surface: Distance: 2488 feet Direction: FSL Distance: 2313 feet Direction: FEL
 As Drilled Latitude: 37.176065 As Drilled Longitude: -107.558387

GPS Data:

Data of Measurement: 06/16/2014 PDOP Reading: 3.2 GPS Instrument Operator's Name: David Myers

** If directional footage at Top of Prod. Zone Dist.: 1950 feet. Direction: FNL Dist.: 910 feet. Direction: FEL

Sec: 24 Twp: 34N Rng: 7W

** If directional footage at Bottom Hole Dist.: 1840 feet. Direction: FNL Dist.: 745 feet. Direction: FEL

Sec: 24 Twp: 34N Rng: 7W

9. Field Name: IGNACIO BLANCO 10. Field Number: 38300
 11. Federal, Indian or State Lease Number: 750-03-2002

12. Spud Date: (when the 1st bit hit the dirt) 06/04/2014 13. Date TD: 06/08/2014 14. Date Casing Set or D&A: 06/24/2014

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 3627 TVD** 2873 17 Plug Back Total Depth MD 3562 TVD** 2828

18. Elevations GR 6778 KB 6789 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:
 GR/CCL/CBL/pulsed neutron

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	355	272	0	365	
1ST	7+7/8	5+1/2	17	0	3,608	520	0	3,627	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
FARMINGTON	2,041	2,413	<input type="checkbox"/>	<input type="checkbox"/>	
KIRTLAND	2,413	2,726	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND COAL	2,726	3,153	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,153		<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: _____ Email: jstrutt@samson.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400654301	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400653156	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400653153	LAS-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400653185	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)