

FORM 5A Rev 06/12

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, reoperation 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: judi kohn Phone: (303) 2220964 Fax: Email: jkohn@samson.com

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 Type: ACID JOB

Treatment Date: 05/23/2015 End Date: 05/23/2015 Date of First Production this formation: 11/28/2011

Perforations Top: 2926 Bottom: 3180 No. Holes: 168 Hole size: 0.34

Provide a brief summary of the formation treatment: Open Hole: []

pumped 300 gal 7.5% HCL and flush 30 bbls fresh water down casing at 4 bpm. Casing stayed on vacuum during entire pump. SI overnight. back on production

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 37 Max pressure during treatment (psi): 350

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): 7 Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 30 Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

Tubing Size: Tubing Setting Depth: Tbg setting date: 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: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: judi kohn

Title: sr regulatory analyst Date: 5/27/2015 Email jkohn@samson.com
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Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400845007	FORM 5A SUBMITTED

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