

FORM
5A

Rev
06/12

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:

400883828

Date Received:

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: judi kohn

Phone: (303) 2220964

Fax:

Email: jkohn@samosn.com

5. API Number 05-067-09338-00

7. Well Name: SCHOFIELD AUTO

8. Location: QtrQtr: NENW Section: 6 Township: 32N Range: 7W Meridian: N

9. Field Name: IGNACIO BLANCO Field Code: 38300

6. County: LA PLATA

Well Number: 41-6-5

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING Treatment Type: ACID JOB
Treatment Date: 08/10/2015 End Date: 08/11/2015 Date of First Production this formation: 06/19/2007
Perforations Top: 3132 Bottom: 3430 No. Holes: 152 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: ☐

8/11/2015 10:00 11:00 1) Set RBP @ 3445', Packer @ 3391'. Pressure tested lines to 2000# - Good. Pumped 100 gal 7.5% double inhibited HCL, 150 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. Saw a break from 1800# to 1200# @ 2BPM, went on vacume after flush. Acidized perfs 3426' - 3430'.
8/11/2015 11:00 12:00 2) Set RBP @ 3338', Packer @ 3265'. Pumped 100 gal 7.5% double inhibited HCL, 250 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. No pressure seen @ 4.5 BPM, went on vacume after flush. Acidized perfs 3306' - 3314'.
8/11/2015 12:00 13:00 3) Set RBP @ 3264', Packer @ 3202'. Pumped 200 gal 7.5% double inhibited HCL, 700 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 30 bbls fresh water. 600# pressure seen @ 4BPM, went on vacume after flush. Acidized perfs 3323' - 3248'.
8/11/2015 13:00 14:00 4) Set RBP @ 3196', Packer @ 3148'. Pumped 100 gal 7.5% double inhibited HCL, 250 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. 700# pressure seen @ 4BPM, went on vacume after flush. Acidized perfs 3170' - 3180'.
8/11/2015 14:00 15:00 5) Set RBP @ 3150', Packer @ 3108'. Pumped 100 gal 7.5% double inhibited HCL, 150 gal 10% double inhibited HCOOH (Formic Acid), flushed w/ 25 bbls fresh water. Saw 2 breaks from 1200# to 600# and again from 1000# back down to 600# @ 3 BPM, went on vacume after flush. Acidized perfs 3132' - 3138', R/D H&M.
Returned to production

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 197

Max pressure during treatment (psi): _____

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): 67

Number of staged intervals: _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 130

Disposition method for flowback: DISPOSAL

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: _____

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: _____ Email: jkohn@samson.com

Attachment Check List

Att Doc Num

Name

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Total Attach: 0 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)