

**FORM
5**Rev
02/08State 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

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.

Document Number:

400101148

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 05-067-09248-00

6. County: LA PLATA

7. Well Name: SOUTHERN UTE 32-7-9

Well Number: 6

8. Location: QtrQtr: SWSE Section: 9 Township: 32N Range: 7W Meridian: N

Footage at surface: Direction: FSL Distance: 1118 Direction: FEL Distance: 2184

As Drilled Latitude: 37.027214 As Drilled Longitude: -107.612517

GPS Data:

Data of Measurement: 07/29/2010 PDOP Reading: 5.5 GPS Instrument Operator's Name: D. Myers

** If directional footage

at Top of Prod. Zone Distance: 751 Direction: FSL Distance: 928 Direction: FEL

Sec: 09 Twp: 32N Rng: 07W

at Bottom Hole Distance: 698 Direction: FSL Distance: 675 Direction: FEL

Sec: 09 Twp: 32N Rng: 07W

9. Field Name: IGNACIO BLANCO

10. Field Number: 38300

11. Federal, Indian or State Lease Number: 14-20-151-39

12. Spud Date: (when the 1st bit hit the dirt) 07/12/2010 13. Date TD: 07/16/2010 14. Date Casing Set or D&A: 07/16/2010

15. Well Classification:

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

16. Total Depth MD 3640 TVD 3222 17 Plug Back Total Depth MD 3540 TVD 3134

18. Elevations GR 6242 KB 6258

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/GR/CCL/RST

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24	371	260	380	0
1ST	7+7/8	5+1/2	17	3,614	510	3,640	0

ADDITIONAL CEMENT

Cement work date: _____

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	
KIRTLAND	2,055	3,102	<input type="checkbox"/>	<input type="checkbox"/>	
FRUITLAND	3,102	3,420	<input type="checkbox"/>	<input type="checkbox"/>	
PICTURED CLIFFS	3,420		<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

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400101194	CMT SUMMARY	Southern Ute 32-7-9 #6 Surface Cement Summary.pdf
400101195	DIRECTIONAL SURVEY	Southern Ute 32-7-9-6 Survey.pdf

Total Attach: 2 Files