

FORM  
5A

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400101205

**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 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  
9. Field Name: IGNACIO BLANCO Field Code: 38300

Completed Interval

FORMATION: FRUITLAND COAL Status: PRODUCING  
Treatment Date: 09/07/2010 Date of First Production this formation: 09/16/2010  
Perforations Top: 3104 Bottom: 3274 No. Holes: 256 Hole size: 0.4  
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac with 2,634bbls fluid and 152.880# sand. Acidize 6,300gals with 15% HCL.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 09/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 162 Bbls H2O: 43  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 162 Bbls H2O: 43 GOR: \_\_\_\_\_  
Test Method: pumping Casing PSI: 160 Tubing PSI: 160 Choke Size: 38/64  
Gas Disposition: SOLD Gas Type: COAL GAS BTU Gas: 1 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 3325 Tbg setting date: 10/16/2010 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: \_\_\_\_\_

Email jstrutt@samson.com

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Based on the information provided herein, this Completed Interval Report (Form 5A) 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
400101569	OTHER	Southern Ute 32-7-9 #6 BLM SUBMITTED_95213.pdf

Total Attach: 1 Files