

**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



DE	ET	OE	ES
----	----	----	----

Document Number:

1737829

Date Received:

12/07/2006

**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: KATHY STATON

2. Name of Operator: SAMSON RESOURCES COMPANY

Phone: (918) 591-1971

3. Address: TWO WEST SECOND ST

Fax: (918) 591-7971

City: TULSA State: OK Zip: 74103-

5. API Number 05-081-07244-01

6. County: MOFFAT

7. Well Name: STATE OF COLORADO

Well Number: 21-16

8. Location: QtrQtr: NENW Section: 16 Township: 11N Range: 97W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 1950 feet Direction: FWL

As Drilled Latitude: 40.918670 As Drilled Longitude: -108.298965

## GPS Data:

Date of Measurement: 08/31/2006 PDOP Reading: 3.7 GPS Instrument Operator's Name: P.ORNE

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: POWDER WASH

10. Field Number: 69800

11. Federal, Indian or State Lease Number: 70/8505

12. Spud Date: (when the 1st bit hit the dirt) 04/23/2006 13. Date TD: 05/24/2006 14. Date Casing Set or D&amp;A: 05/26/2006

## 15. Well Classification:

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

16. Total Depth MD 7158 TVD\*\* 17 Plug Back Total Depth MD 7101 TVD\*\*

18. Elevations GR 6940 KB 6959

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:

HRID; MEL; SDL/DSN; CBL

## 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		0	554	240	0	554	CALC
1ST	7+7/8	4+1/2		0	7,147	1,665	600	7,147	CBL

**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	
WASATCH	0		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,260		<input type="checkbox"/>	<input type="checkbox"/>	BIG WATER - 5130'

Comment:

--

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

Signed: Y \_\_\_\_\_ Print Name: RANDAL MAXWELL \_\_\_\_\_

Title: REG. ENGINEER Date: 11/28/2006 Email: KSTATON@SAMSON.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)