

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

IL CONS COMMISSION  
DD FORM APPROVED  
Bureau No. 1004-0135  
Expires: March 31, 1993  
C157

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to deepen or reentry to a different reservoir.

Use "APPLICATION FOR PERMIT—" for such proposals

SUBMIT IN TRIPLICATE

1. Type of Well Oil <input type="checkbox"/> Gas <input type="checkbox"/> <input type="checkbox"/> Well <input checked="" type="checkbox"/> Well <input type="checkbox"/> Other	5. Lease Designation and Serial No. <b>NMNM34246</b>
2. Name of Operator <b>SAMSON RESOURCES COMPANY</b>	6. If Indian, Allottee or Tribe Name
3. Address and Telephone No. <b>TWO WEST SECOND STREET TULSA, OK 74103 (918) 583-1791</b>	7. If Unit or CA, Agreement Designation
4. Location of Well (Footage, Sec., T., R., M., or Survey Description) <b>1550' FNL &amp; 1980' FWL SEC 19-22S-26E</b>	8. Well Name and No. <b>PFI AMOCO "19" FEDERAL #4</b>
	9. API Well No. <b>30-015-25292</b>
	10. Field and Pool, or Exploratory Area <b>FILAREE DOME - DELAWARE</b>
	11. County or Parish, State <b>EDDY, NEW MEXICO</b>

CHECK APPROPRIATE BOX(s) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION
<input type="checkbox"/> Notice of Intent	<input checked="" type="checkbox"/> Abandonment
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Recompletion
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Plugging Back
	<input type="checkbox"/> Casing Repair
	<input type="checkbox"/> Altering Casing
	<input type="checkbox"/> Other
	<input type="checkbox"/> Change of Plans
	<input type="checkbox"/> New Construction
	<input type="checkbox"/> Non-Routine Fracturing
	<input type="checkbox"/> Water Shut-Off
	<input type="checkbox"/> Conversion to Injection
	<input type="checkbox"/> Dispose Water

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

13 Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Please see attached Chronological Plugging Report.

For ID-2  
5-12-95  
PFA

14. I hereby certify that the foregoing is true and correct

Signed

*[Signature]*

Title

Associate Engineer

Date

3/28/95

(This space for Federal or State office use)

Approved by

(ORIG. SGD.) JOE G. LARA

Title

PETROLEUM ENGINEER

Date

4/25/95

Conditions of approval, if any:

Certified 20% post consumer

#09

DATE: 3/21/95

SAMSON COMPANIES  
CHRON WORKOVER REPORT

PAGE: 1

AMOCO "19" FED. #4 021051-0000 OPERATOR . SAMSON RESOURCES CO  
PROSPECT . CONTRACT .  
DEAL . GEODYNE RESOURCES PURCHASE SURF LOC .  
LEGAL 18-226-265 ELEV .  
COUNTY . EDWARDS PR 1B Q'  
STATE . NEW MEXICO -JR )

03/21/1995

**\*\*BEGIN OPERATIONS TO PLUG & ABANDONED\*\***

MIFU DASS Well Serv. TOH & LD 21 2 1/4" rods 2 pump. NU BOP.  
TOH w/73' JLT 2-3/8" tbg. no TAC. TOH 6/6" & scraper. TOH  
LD bit & scraper. PU 6-1/2" CIBP. TIH to 2120' set CIBP.  
Circ. 98' w/ 30' vis. 25W salt 847/551 mud. spot 5' x 5' Class "C"  
"C" cmt on top of CIBP. pull to 720' spot 24' x 5' Class "C"  
cmt. TOH: close BOP & SDFN.

AFE WKO COST . . . 0  
DAILY COST . . . 6,833  
CUMULATIVE COST . . . 6,833

AFE DAYS . . .  
WORKOVER DAYS . . . 1

03/22/1995

**\*\*OPERATIONS COMPLETE - WELL PLUGGED & ABANDONED - DROP F/REPORT\*\***

Open BOP, TIH, tag top plug 455'-275' cmt plug, pull to 50'  
pump 10' x 5' Class "C" cmt to surface. ND BOP, cut off  
well head. install dry hole marker. RD DASS.

AFE WKO COST . . . 0  
DAILY COST . . . 0  
CUMULATIVE COST . . . 6,833

AFE DAYS . . .  
WORKOVER DAYS . . . 2