Form 3160-5 (April 2004)

New Mexico Oil Conservation Division, District I

UNITED STATES N. French Drive DEPARTMENT OF THE INTERIOR

FORM APPROVED OMB NO. 1004-0137 Expires March 31, 2007

BUREAU OF LAND MANAGEMENT

5. Lease Serial No.

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for abandoned well. Use For	6. If Indian, Allottee or Tribe Name	
SUBMIT IN TRIPLICATE -	7. If Unit or CA/Agreement, Name and/or No	
1. Type of Well Oil Well X Gas Well Other 2. Name of Operator		8. Well Name and No. Mesa Verde 15 Fed #1
Samson Resources Company 3a. Address 200 N. Loraine St., Ste. 1010; Midl	3b. Phone No. (include area code	9. API Well No. 30 - 025 - 36836
4. Location of Well (Footage, Sec., T., R., M., or Survey) 990' FNL & 990' FEL Section 15-21S-32E	and, TX 79701 (432) 683-7063 Description)	10. Field and Pool, or Exploratory Area Hat Mesa, Morrow 11. County or Parish, State Lea NM
12. CHECK APPROPRIATE	BOX(ES) TO INDICATE NATURE OF NOTIC	
TYPE OF SUBMISSION	TYPE OF	ACTION
Attach the Bond under which the work will be per following completion of the involved operations. Itesting has been completed. Final Abandonment Idetermined that the final site is ready for final insper ND Tree NU BOP 5k; POH w/2 3/8" to Perf Upr Morrow (13844-50', 1387). If test rates are sufficient, from If Upr Morrow is tight after acid Set CIBP @ 13800; Test casin Perf Atoka (13338-41', 13346). Acidize w/2000 gal; Swab testing the set CIBP @ 13325' and test to Perf Strawn (13158-13318'). Acidize w/5000 gal; swab testing the set cidize w/5000 gal; swab test	cubing; Set CIBP @ 14500'; Test casing 0-74', 13906-08'); Acidize w/5000 gal; ac Upr Morrow, flow test dijob, recomplete to Atoka: ng to 1000; Dump 35' cmt cap. 6-48', 13552-54' st. ete to Strawn: co 1000 APPROVED FOR	nd true vertical depths of all pertinent markers and zones. Required subsequent reports shall be filed within 30 days atton in a new interval, a Form 3160-4 shall be filed once reclamation, have been completed, and the operator has to 1000 and cap with 35' cement
14. I hereby certify that the foregoing is true and correct Name (Printed/Typed) Ken Krawietz	Title District Er	ngineer
MOTI NI UNITEDE PRO-	Date 3/13/2006	ig meet
THI	S SPACE FOR FEDERAL OR STATE OFFICE	USE
Approved by	Title	. Date
Conditions of approval, if any, are attached. Approval of certify that the applicant holds legal or equitable title to which would entitle the applicant to conduct operations to	those rights in the subject lease	

DISTRICT I P.O. Box 1880, Hobbs, NW 88241-1880

State of New Mexico

Rnargy, Minerals and Natural Resources Department

Form C-102

P.O. DEVOUE BD. Arts DISTRICT III 1000 Rdo Branco I				OIL			F.V.	HOY :	ZORR	DIVIS		Revised Februa to Appropriate Dis State Lease Fee Lease	trict Office	
P.A. BOX 2006, SANT	A FE, N.M. 87 Number	804-2088		WELL L	OCAT	ION	AND	ACRE	AGE I	DEDICATI	ON PLAT	□ AMENDE) REPORT	
				7	8240					Was M	Pool Name		12.011	
Property		Property Name												
OGRID N	OGRID No.						MESA VERDE FEDERAL						Well Number	
2016				Operator Name SAMSON RESOURCES					<u> </u>	Elevation				
										22		3864'		
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Dedicated Acres	Joint o	r Infill	Co	neolidation	Code	Ore	ler No.		<u> </u>					
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