

FORM
5
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:

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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: 10292 4. Contact Name: Irene Trujillo
 2. Name of Operator: THREE FORKS RESOURCES LLC Phone: (303) 318-0717
 3. Address: 1515 WAZEE STREET - SUITE #350 Fax: (303) 318-0720
 City: DENVER State: CO Zip: 80202

5. API Number 05-005-07157-00 6. County: ARAPAHOE
 7. Well Name: STATE OF CO Well Number: 7-24
 8. Location: QtrQtr: SWNE Section: 24 Township: 5S Range: 65W Meridian: 6
 Footage at surface: Distance: 1980 feet Direction: FNL Distance: 1980 feet Direction: FEL
 As Drilled Latitude: 39.603934 As Drilled Longitude: -104.611244

GPS Data:
 Date of Measurement: 08/02/2011 PDOP Reading: 2.0 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage at Top of Prod. Zone Dist.: 2001 feet. Direction: FNL Dist.: 1817 feet. Direction: FEL
 Sec: 24 Twp: 5S Rng: 65W
 ** If directional footage at Bottom Hole Dist.: 2001 feet. Direction: FNL Dist.: 1817 feet. Direction: FEL
 Sec: 24 Twp: 5S Rng: 65W

9. Field Name: WATTENBERG 10. Field Number: 90750
 11. Federal, Indian or State Lease Number: 70-8032-S

12. Spud Date: (when the 1st bit hit the dirt) 11/22/2010 13. Date TD: 12/09/2010 14. Date Casing Set or D&A: 12/12/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8711 TVD** 8703 17 Plug Back Total Depth MD 8602 TVD** 8594

18. Elevations GR 5931 KB 5948 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:
SD, ACTR, GEM, XRMI, WAVE-SONIC, ANISTROPHY, ROCK MECHANICS, and SEMBLANCE

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	11+0/0	8+5/8	28	0	2,289	460	0	2,289	CALC
1ST	7+7/8	4+1/2	11.6	0	8,692	1,320	1,554	8,692	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref 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	
SUSSEX	5,339		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,852		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	8,090		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	8,121		<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	8,201		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,518		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All logs have been requested from the vendor and will be sent in once they have been received.

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

Signed: _____ Print Name: Irene Trujillo

Title: Regulatory Analyst Date: _____ Email: IRENE@3FORKSRES.COM

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)