

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400190957

## 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:

Data 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&amp;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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
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)