

FORM
5A
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



DE ET OE ES

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COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

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

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
9. Field Name: Field Code:

Completed Interval

FORMATION: GREENHORN Status: SHUT IN
Treatment Date: 09/16/2011 Date of First Production this formation: 08/17/2011
Perforations Top: 8364 Bottom: 8394 No. Holes: 60 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
(7/25/2011) Frac Greenhorn w/46,830 gal Vistar & 1,682,437 scf N2 (foamed to avg 47.3 Q) containing 140,140# 20/40 sand & 10,160# 20/40 SB Excel at avg 15.9 bpm & 4966 psi.
(9/16/11) Bridge Plug set at 8300'
This formation is commingled with another formation: Yes No
Test Information:
Date: 08/19/2011 Hours: 24 Bbls oil: 22 Mcf Gas: 33 Bbls H2O: 46
Calculated 24 hour rate: Bbls oil: 22 Mcf Gas: 33 Bbls H2O: 46 GOR: 1500
Test Method: PUMPING Casing PSI: Tubing PSI: Choke Size: 18/64
Gas Disposition: FLARED Gas Type: WET BTU Gas: 1400 API Gravity Oil: 39
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8386 Tbg setting date: 09/16/2011 Packer Depth:
Reason for Non-Production:
Bridge Plug set at 8300'
This Well is a Monitor Well.
Date formation Abandoned: 09/16/2011 Squeeze: Yes No If yes, number of sacks cmt
Bridge Plug Depth: 8300 Sacks cement on top:

Comment:

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: _____ Irene@3ForksRes.com

Email
:

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)