

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:

2586814

## 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: 10245

4. Contact Name: TONT MARKVE

2. Name of Operator: SINGLETREE RESOURCES INC

Phone: (303) 462-3604

3. Address: 25528 GENESEE TRAIL RD

Fax: (303) 462-3739

City: GOLDEN State: CO Zip: 80401

5. API Number 05-075-09396-00

6. County: LOGAN

7. Well Name: Haley Smith

Well Number: 44-24

8. Location: QtrQtr: SESE Section: 24 Township: 11N Range: 54W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.907890 As Drilled Longitude: -103.345990

## GPS Data:

Date of Measurement: 06/03/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: CHRIS VANMATRE

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: AMBER

10. Field Number: 2400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 05/23/2011 13. Date TD: 05/29/2011 14. Date Casing Set or D&amp;A: 06/01/2011

## 15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5399 TVD\*\* 17 Plug Back Total Depth MD 5383 TVD\*\*

18. Elevations GR 4302 KB 4314

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:

COMPENSATED DENSITY, COMPENSATED NEUTROPN, GAMMA RAY, DUAL INDUCTION, CBL

## 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	8+5/8		0	740	333	0	740	CALC
1ST	7+7/8	5+1/2		0	5,395	125	4,350	5,395	CBL

## ADDITIONAL CEMENT

Cement work date: _____					
Details of work:					
Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
NIOBRARA	4,261	4,564	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,853	4,861	<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	4,993	4,997	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,092	5,128	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,193	5,297	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

--

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

Signed: \_\_\_\_\_ Print Name: TPNY MARKVE

Title: ENGINEER Date: 6/20/2011 Email: TONY@DOUDBTS.COM

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2586815	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2586816	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
2586814	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	REQ DEN/NEU LOG DOC#2201243 BE INDEXED TO WELL FILE	8/11/2011 7:30:27 AM

Total: 1 comment(s)