

FORM  
5

Rev  
02/08

# State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400323773

Date Received:

## 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: Tony Markve  
 2. Name of Operator: SINGLETREE RESOURCES INC Phone: (307) 316-0010  
 3. Address: 521 PROGRESS CIRCLE #1 Fax: (307) 222-0281  
 City: CHEYENNE State: WY Zip: 82007

5. API Number 05-075-09399-00 6. County: LOGAN  
 7. Well Name: Haley Smith Well Number: 12-19  
 8. Location: QtrQtr: SWNW Section: 19 Township: 11N Range: 53W Meridian: 6  
 Footage at surface: Distance: 1900 feet Direction: FNL Distance: 600 feet Direction: FWL  
 As Drilled Latitude: 40.915450 As Drilled Longitude: -103.341400

GPS Data:  
Date of Measurement: 08/28/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: C. 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) 07/30/2012 13. Date TD: 08/05/2012 14. Date Casing Set or D&A: 08/06/2012

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

16. Total Depth MD 5453 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 5414 TVD\*\* \_\_\_\_\_

18. Elevations GR 4340 KB 4352 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:  
 Dual Induction  
 Density Neutron  
 Gamma Ray

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	24	0	788	250	0	788	VISU
1ST	7+7/8	5+1/2	15.5	0	5,461	180	4,000	5,414	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf 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	
NIOBRARA	4,300	4,596	<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	5,022	5,025	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,118	5,154	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,281	5,400	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

GPS Coordinates shown in this 5A are as drilled coordinates.

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

Signed: \_\_\_\_\_

Print Name: Tony Markve

Title: Engineer

Date: \_\_\_\_\_

Email: tony@singletreeresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400323781	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400323776	PDF-DUAL INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400323777	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)