

FORM  
5A

Rev  
06/12

State of Colorado  
Oil and Gas Conservation Commission

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



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Document Number:

400321051

Date Received:

08/27/2012

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: 10245  
2. Name of Operator: SINGLETREE RESOURCES INC  
3. Address: 521 PROGRESS CIRCLE #1  
City: CHEYENNE State: WY Zip: 82007  
4. Contact Name: Tony Markve  
Phone: (307) 316-0010  
Fax: (307) 222-0281

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  
9. Field Name: AMBER Field Code: 2400

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type:  
Treatment Date: End Date: Date of First Production this formation: 08/16/2012  
Perforations Top: 5120 Bottom: 5126 No. Holes: 24 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/16/2012 Hours: 12 Bbl oil: 80 Mcf Gas: 30 Bbl H2O: 80  
Calculated 24 hour rate: Bbl oil: 160 Mcf Gas: 30 Bbl H2O: 160 GOR: 375  
Test Method: Swab Casing PSI: 600 Tubing PSI: 150 Choke Size:  
Gas Disposition: VENTED Gas Type: WET Btu Gas: 1350 API Gravity Oil: 38  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5200 Tbg setting date: 08/21/2012 Packer Depth:  
Reason for Non-Production:  
Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt  
\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

Comment:

Cement Bond Log paper copy was mailed with the open hole logs.

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: 8/27/2012 Email tony@singletreeresources.com  
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### **Attachment Check List**

Att Doc Num	Name
400321051	FORM 5A SUBMITTED
400321066	WELLBORE DIAGRAM

Total Attach: 2 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)