

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns 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: 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 _____

Attachment Check List

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

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)