

FORM  
5Rev  
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:

09/05/2012

## 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&amp;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	3,930	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: 9/5/2012 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>					
400323773	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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)