

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:

2288919

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) 316-0199

5. API Number 05-075-09397-00  
6. County: LOGAN  
7. Well Name: Haley Smith  
Well Number: 11-19  
8. Location: QtrQtr: NWNW 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: 01/10/2012  
Perforations Top: 5137 Bottom: 5142 No. Holes: 20 Hole size: 42/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

NO TREATMENT

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: 01/10/2012 Hours: 24 Bbl oil: 85 Mcf Gas: 125 Bbl H2O: 75  
Calculated 24 hour rate: Bbl oil: 85 Mcf Gas: 125 Bbl H2O: 75 GOR: 1470  
Test Method: ROD PUMP Casing PSI: 400 Tubing PSI: 50 Choke Size:  
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1300 API Gravity Oil: 38  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5292 Tbg setting date: 12/21/2011 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:

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: 1/19/2012 Email TONY@SINGLETREERESOURCES.COM  
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### Attachment Check List

Att Doc Num	Name
2288919	FORM 5A SUBMITTED
2288920	WELLBORE DIAGRAM

Total Attach: 2 Files

### General Comments

User Group	Comment	Comment Date
Permit	Off hold. Input GOR based on test data. Form 5 has been approved.	12/20/2012 3:42:44 PM
Permit	Received form 5 waiting on data entry.	11/20/2012 9:50:52 AM
Permit	On Hold. Requested form 5.	10/31/2012 2:45:00 PM
Permit	On Hold. Requested form 5.	9/24/2012 12:57:41 PM

Total: 4 comment(s)