

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) 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 [X] 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
:

Attachment Check List

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

Total Attach: 2 Files

General Comments

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