

**FORM  
5**Rev  
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:

400382501

Date Received:

**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 05-075-09421-00

6. County: LOGAN

7. Well Name: State

Well Number: 44-36

8. Location: QtrQtr: SESE Section: 36 Township: 11N Range: 54W Meridian: 6

Footage at surface: Distance: 1000 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.879420 As Drilled Longitude: -103.346120

## GPS Data:

Date of Measurement: 02/12/2013 PDOP Reading: 2.3 GPS Instrument Operator's Name: Chris 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: LITTLE HOOT

10. Field Number: 50600

11. Federal, Indian or State Lease Number: 7865.3

12. Spud Date: (when the 1st bit hit the dirt) 01/29/2013 13. Date TD: 02/04/2013 14. Date Casing Set or D&amp;A: 02/06/2013

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5301 TVD\*\* 17 Plug Back Total Depth MD 5250 TVD\*\*

18. Elevations GR 4268 KB 4280

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:

Induction Array, Compensated Neutron, Litho-Density

## 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	23	0	476	160	0	476	VISU
1ST	7+7/8	5+1/2	15.5	0	5,296	175	4,000	5,301	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	4,346	4,690	<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	4,950	4,954	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,049	5,082	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,150	5,230	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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: \_\_\_\_\_ Email: tony@singletreeresources.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400387842	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>					
400387833	PDF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400387836	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400387839	LAS-IND-DENS-NEU	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400387841	PDF-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)