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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&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:

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 ?	
Attachment Checklist			
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"/>
Other Attachments			
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)