

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:

400392301

Date Received:

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) 222-0281

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
9. Field Name: LITTLE HOOT Field Code: 50600

Completed Interval

FORMATION: D SAND Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 03/01/2013 End Date: 03/01/2013 Date of First Production this formation: 03/05/2013

Perforations Top: 5071 Bottom: 5076 No. Holes: 20 Hole size: 05/12

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

Well was fracked using a 1 stage job that consisted of the fluid and proppant amounts shown below. The total flowback volume has not yet been recovered. It will be recovered after the addition of a pumping unit and tank battery.

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): <u>532</u>	Max pressure during treatment (psi): <u>1438</u>
Total gas used in treatment (mcf): <u>0</u>	Fluid density at initial fracture (lbs/gal): <u>8.34</u>
Type of gas used in treatment: _____	Min frac gradient (psi/ft): <u>0.67</u>
Total acid used in treatment (bbl): <u>0</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>30</u>
Fresh water used in treatment (bbl): <u>532</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>12500</u>	Rule 805 green completion techniques were utilized: <input type="checkbox"/>
Reason why green completion not utilized: <u>PRESSURE</u>	

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/05/2013 Hours: 12 Bbl oil: 0 Mcf Gas: 150 Bbl H2O: 2

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 300 Bbl H2O: 4 GOR: _____

Test Method: Swab Casing PSI: 50 Tubing PSI: 0 Choke Size: _____

Gas Disposition: VENTED Gas Type: WET Btu Gas: 1300 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5100 Tbg setting date: 03/08/2013 Packer Depth: _____

Reason for Non-Production:

Well is not currently producing. A Form 15 for pit permit along with a revised Form 2A will be submitted subsequent to this report. Well can not be produced until tank battery has been fully constructed.

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: _____ Email: tony@singletreeresources.com

Attachment Check List

Att Doc Num	Name
400392354	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)