

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: <u>10245</u>	4. Contact Name: <u>Tony Markve</u>
2. Name of Operator: <u>SINGLETREE RESOURCES INC</u>	Phone: <u>(307) 316-0010</u>
3. Address: <u>521 PROGRESS CIRCLE #1</u>	Fax: <u>(307) 222-0281</u>
City: <u>CHEYENNE</u> State: <u>WY</u> Zip: <u>82007</u>	

5. API Number <u>05-075-09421-00</u>	6. County: <u>LOGAN</u>
7. Well Name: <u>State</u>	Well Number: <u>44-36</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>36</u> Township: <u>11N</u> Range: <u>54W</u> Meridian: <u>6</u>	
9. Field Name: <u>LITTLE HOOT</u> Field Code: <u>50600</u>	

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): 532 Max pressure during treatment (psi): 1438

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.34

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.67

Total acid used in treatment (bbl): 0 Number of staged intervals: 1

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 30

Fresh water used in treatment (bbl): 532 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 12500 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PRESSURE

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)