

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



Table with columns DE, ET, OE, ES

Document Number: 400401772

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

5. API Number 05-075-09420-00 6. County: LOGAN
7. Well Name: Gaims - Guerrero Well Number: 22-15
8. Location: QtrQtr: NENW Section: 15 Township: 11N Range: 54W Meridian: 6
9. Field Name: CHANNEL Field Code: 10850

Completed Interval

FORMATION: D SAND Status: SHUT IN Treatment Type:

Treatment Date: End Date: Date of First Production this formation:

Perforations Top: 5286 Bottom: 5292 No. Holes: 24 Hole size: 5/12

Provide a brief summary of the formation treatment: Open Hole: []

No treatment was performed on this zone. Perforated only.

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: 02/25/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 150
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 150 GOR: 0
Test Method: Swab Casing PSI: 0 Tubing PSI: 0 Choke Size:
Gas Disposition: Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0
Tubing Size: Tubing Setting Depth: Tbg setting date: 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.

FORMATION: J SAND Status: SHUT IN Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 5399 Bottom: 5406 No. Holes: 28 Hole size: 5/12

Provide a brief summary of the formation treatment: _____ Open Hole:
 Zone was only perforated. No treatment

This formation is commingled with another formation: Yes 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: 02/21/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 100
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 100 GOR: _____
 Test Method: Swab Casing PSI: 0 Tubing PSI: 0 Choke Size: _____
 Gas Disposition: _____ Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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:
 A bridge plug was set at 5,370 after the J Sand zone was tested. The well is currently shut-in. A second attempt at completion will be tried in the near future. A sundry notice and change of well status will be sent in at that time.

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 |
|-------------|------------------|
| 400401806 | WELLBORE DIAGRAM |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
|-------------------|----------------|---------------------|
| | | |

Total: 0 comment(s)