

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



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
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 05-075-09420-00
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 ☒ 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)