

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2586818

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: 25528 GENESEE TRAIL RD
City: GOLDEN State: CO Zip: 80401
4. Contact Name: TONY MARKVE
Phone: (303) 462-3604
Fax: (303) 462-3739

5. API Number 05-075-09393-00
6. County: LOGAN
7. Well Name: Cinn
Well Number: 44-35
8. Location: QtrQtr: SESE Section: 35 Township: 11N Range: 54W Meridian: 6
9. Field Name: LITTLE HOOT Field Code: 50600

Completed Interval

FORMATION: J SAND Status: WAITING ON COMPLETION
Treatment Date: 05/26/2011 Date of First Production this formation:
Perforations Top: 5120 Bottom: 5128 No. Holes: 32 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 05/26/2011 Hours: 12 Bbls oil: 0 Mcf Gas: 250 Bbls H2O: 20
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 500 Bbls H2O: 40 GOR:
Test Method: SWAB Casing PSI: 1000 Tubing PSI: 200 Choke Size:
Gas Disposition: VENTED Gas Type: BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5100 Tbg setting date: 05/29/2011 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:

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: 6/17/2011 Email: TONY@DOUDBTS.COM

Attachment Check List

Att Doc Num	Name
2586818	FORM 5A SUBMITTED
2586819	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)