

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



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Document Number:

2587321

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: (303) 462-3604
3. Address: 25528 GENESEE TRAIL RD Fax: (303) 462-3739
City: GOLDEN State: CO Zip: 80401

5. API Number 05-075-09396-00 6. County: LOGAN
7. Well Name: Haley Smith Well Number: 44-24
8. Location: QtrQtr: SESE Section: 24 Township: 11N Range: 54W Meridian: 6
9. Field Name: AMBER Field Code: 2400

Completed Interval

FORMATION: J SAND Status: SHUT IN
Treatment Date: _____ Date of First Production this formation: _____
Perforations Top: 5218 Bottom: 5220 No. Holes: 8 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: 07/05/2011 Hours: 16 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 80
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 120 GOR: _____
Test Method: SWAB Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5200 Tbg setting date: 07/05/2011 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 MARKE

Title: ENGINEER Date: 7/12/2011 Email: TONY@DOUDBTS.COM

Attachment Check List

Att Doc Num	Name
2587321	FORM 5A SUBMITTED
2587322	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)