

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 2587319

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 05-075-09390-00
6. County: LOGAN
7. Well Name: Haley Smith
Well Number: 41-24
8. Location: QtrQtr: NENE Section: 24 Township: 11N Range: 54W Meridian: 6
9. Field Name: AMBER Field Code: 2400

Completed Interval

FORMATION: D SAND Status: PRODUCING
Treatment Date: 06/20/2011 Date of First Production this formation: 06/20/2011
Perforations Top: 5128 Bottom: 5134 No. Holes: 24 Hole size: 42/100
Provide a brief summary of the formation treatment: Open Hole: []
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 06/20/2011 Hours: 24 Bbls oil: 195 Mcf Gas: 200 Bbls H2O: 90
Calculated 24 hour rate: Bbls oil: 195 Mcf Gas: 200 Bbls H2O: 90 GOR:
Test Method: SWAB Casing PSI: 550 Tubing PSI: 140 Choke Size:
Gas Disposition: VENTED Gas Type: WET BTU Gas: 0 API Gravity Oil: 38
Tubing Size: 2 + 7/8 Tubing Setting Depth: 5285 Tbg setting date: 06/25/2011 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: 7/11/2011 Email: TONY@DOUBBTS.COM

Attachment Check List

Att Doc Num	Name
2587319	FORM 5A SUBMITTED
2587320	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)