

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:

2587319

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 05-075-09390-00  
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 ☒ 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@DOUDBTS.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)