

FORM  
5

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

DRILLING COMPLETION REPORT

Document Number:  
2586817

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary 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  
Footage at surface: Distance: 660 feet Direction: FSL Distance: 660 feet Direction: FEL  
As Drilled Latitude: 40.878510 As Drilled Longitude: -103.365280

GPS Data:  
Date of Measurement: 05/10/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: CHRIS VANMETRE

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:  
\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:

9. Field Name: LITTLE HOOT 10. Field Number: 50600  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/19/2011 13. Date TD: 04/27/2011 14. Date Casing Set or D&A: 07/29/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 5375 TVD\*\* 17 Plug Back Total Depth MD 5338 TVD\*\*

18. Elevations GR 4210 KB 4222  
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
DUAL INDUCTION, GAMMA RAY, NEUTRON, DENSITY, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	11	8+5/8		0	491	50	0	450	CALC
1ST	7+7/8	5+1/2		0	5,346	185	3,870	5,338	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	4,180	4,386	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,768	4,776	<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	4,909	4,913	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,008	5,038	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,109	5,198	<input type="checkbox"/>	<input type="checkbox"/>	

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: 5/26/2011 Email: TONY@DOUDBTS.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
2586817	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REQ DIGITAL COPY OF ALL LOGS RUN	8/11/2011 7:22:25 AM

Total: 1 comment(s)