

**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

Document Number:

2586817

DRILLING COMPLETION REPORT

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

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 05-075-09393-00

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:

Data 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:

FORMATION LOG INTERVALS AND TEST ZONES					
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:

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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

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

Total: 1 comment(s)