

FORM
5Rev
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:

2587316

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: RONY 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 05-075-09390-00

6. County: LOGAN

7. Well Name: Haley Smith

Well Number: 41-24

8. Location: QtrQtr: NENE Section: 24 Township: 11N Range: 54W Meridian: 6

Footage at surface: Distance: 660 feet Direction: FNL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.918900 As Drilled Longitude: -103.345930

GPS Data:

Date of Measurement: 06/29/2011 PDOP Reading: 2.4 GPS Instrument Operator's Name: R. GABRIEL

** 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: AMBER

10. Field Number: 2400

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/01/2011 13. Date TD: 06/07/2011 14. Date Casing Set or D&A: 06/08/2011

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 5341 TVD** 17 Plug Back Total Depth MD 5334 TVD**

18. Elevations GR 4341 KB 4353

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:

COMPENSATED DENSITY, COMPENSATED NEUTRON, GAMMA RAY, INDUCTION, 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	766	390	0	723	CALC
1ST	7+7/8	5+1/2		0	5,366	210	3,650	5,334	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	4,310	4,595	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	4,890	4,902	<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	5,029	5,031	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,127	5,164	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,250	5,325	<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: 7/12/2011 Email: TONY@DOUDBTS.COM

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2587317	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input 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"/>
2587318	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
<u>Other Attachments</u>					
2587316	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	req digital logs	8/16/2011 10:57:33 AM

Total: 1 comment(s)