

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400382489

Date Received:

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: (307) 316-0010
 3. Address: 521 PROGRESS CIRCLE #1 Fax: (307) 222-0281
 City: CHEYENNE State: WY Zip: 82007

5. API Number 05-075-09416-00 6. County: LOGAN
 7. Well Name: Haley Smith Well Number: 215-19
 8. Location: QtrQtr: NENW Section: 19 Township: 11N Range: 53W Meridian: 6
 Footage at surface: Distance: 1305 feet Direction: FNL Distance: 1920 feet Direction: FWL
 As Drilled Latitude: 40.916970 As Drilled Longitude: -103.336600

GPS Data:
 Date of Measurement: 02/12/2013 PDOP Reading: 2.1 GPS Instrument Operator's Name: Chris Vanmatre

** 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) 12/27/2012 13. Date TD: 01/04/2013 14. Date Casing Set or D&A: 01/06/2013

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

16. Total Depth MD 5454 TVD** _____ 17 Plug Back Total Depth MD 5410 TVD** _____

18. Elevations GR 4359 KB 4371 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, Dual Induction, Gamma Ray

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	24	0	803	300	0	803	VISU
1ST	7+7/8	5+1/2	15.5	0	5,436	175	3,930	5,436	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	4,328	4,630	<input type="checkbox"/>	<input type="checkbox"/>	
BENTONITE	5,062	5,064	<input type="checkbox"/>	<input type="checkbox"/>	
D SAND	5,160	5,192	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	5,316	5,423	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All well logs have been uploaded with the preliminary Form 5. The paper logs have been mailed to the COGCC.

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: _____ Email: tony@singletreeresources.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"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)