

**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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COMPLETED INTERVAL REPORT

Document Number:

2587302

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: <u>10148</u>	4. Contact Name: <u>BRETT WISNER</u>
2. Name of Operator: <u>KLABZUBA OIL & GAS INC</u>	Phone: <u>(303) 382-2170</u>
3. Address: <u>930 WEST 1ST ST 4TH FLR</u>	Fax: <u>(303) 299-9087</u>
City: <u>FT WORTH</u> State: <u>TX</u> Zip: <u>76102</u>	

5. API Number <u>05-087-05441-00</u>	6. County: <u>MORGAN</u>
7. Well Name: <u>R.Y. DAVIS</u>	Well Number: <u>5</u>
8. Location: QtrQtr: <u>SENE</u> Section: <u>6</u> Township: <u>1N</u> Range: <u>57W</u> Meridian: <u>6</u>	
9. Field Name: <u>ADENA</u> Field Code: <u>700</u>	

Completed Interval

FORMATION: D SAND Status: SHUT IN

Treatment Date: 09/08/2010 Date of First Production this formation: _____

Perforations Top: 5535 Bottom: 5545 No. Holes: 40 Hole size: 41/100

Provide a brief summary of the formation treatment: _____ Open Hole:

PERFORATED ONLY

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/07/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 58

Calculated 24 hour rate: _____ Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 58 GOR: _____

Test Method: SWAB N Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5518 Tbg setting date: 09/07/2010 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: _____

FORMATION: J SAND Status: ABANDONED COMPLETION

Treatment Date: _____ Date of First Production this formation: 03/27/1954

Perforations Top: 5594 Bottom: 5626 No. Holes: 128 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

SET CIBP @ 5,588' - DUMP 1 SK CEMENT ON CIBP.

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

UNECONOMIC

Date formation Abandoned: 09/07/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 5588 Sacks cement on top: 1

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: STEVE FRAZIER

Title: STEVE FRAZIER Date: 7/11/2011 SFRAZIER@KLABZUBA.COM

Email
:

Attachment Check List

Att Doc Num	Name
2587302	FORM 5A SUBMITTED
2587303	WELLBORE DIAGRAM
2587304	WIRELINE JOB SUMMARY

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Data Entry	CHECK API GRAVITY OIL - MUST BE ENTERED IF BBLs OIL IS ENTERED.	8/16/2011 3:58:43 PM

Total: 1 comment(s)