

**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:  
  
2587299

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>BRET WISNER</u>
2. Name of Operator: <u>KLABZUBA OIL &amp; 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>05-087-05391-00</u>	6. County: <u>MORGAN</u>
7. Well Name: <u>HOUGH</u>	Well Number: <u>B-6</u>
8. Location: QtrQtr: <u>NENE</u> Section: <u>7</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: 09/22/2010 Date of First Production this formation: 11/04/2010

Perforations Top: 5472 Bottom: 5490 No. Holes: 90 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: 11/04/2010 Hours: 24 Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 0

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 10 Mcf Gas: 0 Bbls H2O: 0 GOR: \_\_\_\_\_

Test Method: PUMPING Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: 0 API Gravity Oil: 39

Tubing Size: 2 + 7/8 Tubing Setting Depth: 5429 Tbg setting date: 09/23/2010 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: 5557 Bottom: 5561 No. Holes: 24 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

SET CIBP @ 5,520'-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: 09/22/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 5520 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: PRESIDENT Date: 7/11/2011 SFRAZIER@KLABZUBA.COM

Email  
:

### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
2587299	FORM 5A SUBMITTED
2587300	WELLBORE DIAGRAM
2587301	WIRELINE JOB SUMMARY

Total Attach: 3 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>

Total: 0 comment(s)