


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: <div style="border: 1px solid black; padding: 5px; text-align: center;">1635323</div>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT							
<p>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.</p>							
1. OGCC Operator Number: <u>10148</u>		4. Contact Name: <u>MIKE COLLOM</u>					
2. Name of Operator: <u>KLABZUBA OIL & GAS INC</u>		Phone: <u>(303) 382-2172</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>05-087-05378-00</u>		6. County: <u>MORGAN</u>					
7. Well Name: <u>HOUGH, R.M.</u>		Well Number: <u>A-2</u>					
8. Location: QtrQtr: <u>SENW</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>					
<u>Completed Interval</u>							
FORMATION: <u>D SAND</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>04/14/2010</u>		Date of First Production this formation: <u>04/30/2010</u>					
Perforations Top: <u>5512</u>	Bottom: <u>5524</u>	No. Holes: <u>40</u>	Hole size: <u>41/100</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
<div style="border: 1px solid black; padding: 2px;">PERFORATED ONLY</div>							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
Test Information:							
Date: <u>05/09/2010</u>	Hours: <u>24</u>	Bbls oil: <u>54</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>				
Calculated 24 hour rate:		Bbls oil: <u>54</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: _____				
Test Method: <u>PUMPING</u>	Casing PSI: _____	Tubing PSI: _____	Choke Size: _____				
Gas Disposition: _____	Gas Type: _____	BTU Gas: <u>0</u>	API Gravity Oil: <u>39</u>				
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>5546</u>	Tbg setting date: <u>05/07/2010</u>	Packer Depth: <u>0</u>				
Reason for Non-Production:							
<div style="border: 1px solid black; height: 20px;"></div>							
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____				
Bridge Plug Depth: _____		Sacks cement on top: _____					

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: <u>J SAND</u>		Status: <u>ABANDONED COMPLETION</u>	
Treatment Date: _____		Date of First Production this formation: <u>03/07/1954</u>	
Perforations	Top: <u>5584</u>	Bottom: <u>5602</u>	No. Holes: <u>72</u> Hole size: _____
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div style="border: 1px solid black; padding: 2px;">SET CIBP @ 5565' - DUMP 1 SK CEMENT ON CIBP</div>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			
<div style="border: 1px solid black; padding: 2px;">NONECONOMIC</div>			
Date formation Abandoned: <u>04/14/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>5565</u>		Sacks cement on top: <u>1</u>	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.	
Signed: _____	Print Name: <u>MIKE COLLOM</u>
Title: <u>ENGINEERING MGR</u>	Date: <u>4/7/2011</u> Email: <u>MCOLLOM@KLABZUBA.COM</u>

Attachment Check List

Att Doc Num	Name
1635323	FORM 5A SUBMITTED
1635324	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)