

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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Document Number:

2330941

COMPLETED INTERVAL REPORT

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: 101100 4. Contact Name: CHARLES KINNEY  
 2. Name of Operator: ROCKY MOUNTAIN BLUEBIRD RANCH, A CAL Phone: (510) 654-5133  
 3. Address: 5826 PRESLEY WAY Fax: (510) 594-0883  
 City: OAKLAND State: CA Zip: 94618

5. API Number 05-083-06631-00 6. County: MONTEZUMA  
 7. Well Name: STEPHEN KINNEY #1 Well Number: 1  
 8. Location: QtrQtr: NESW Section: 11 Township: 35N Range: 14W Meridian: N  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: DAKOTA Status: N/A

Treatment Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
 Perforations Top: 724 Bottom: 812 No. Holes: 100 Hole size: 34/100  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

NONE

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/06/2007 Hours: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: SWABBING Casing PSI: 0 Tubing PSI: 0 Choke Size: \_\_\_\_\_  
 Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: 0 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 838 Tbg setting date: 08/03/2007 Packer Depth: \_\_\_\_\_

Reason for Non-Production: NO INFLOW INTO THE WELLBORE

Date formation Abandoned: 08/06/2007 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Print Name: CHARLES KINNEY  
 Title: PRESIDENT Date: 10/12/2011 Email: CHARLESKINNEY@HOTMAIL.COM

**Attachment Check List**

<u>Att Doc Num</u>	<u>Name</u>
2330941	FORM 5A SUBMITTED
2330942	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)