

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: <u>DAKOTA</u>	Status: <u>N/A</u>
Treatment Date: _____ Date of First Production this formation: _____	
Perforations Top: <u>724</u> Bottom: <u>812</u>	No. Holes: <u>100</u> Hole size: <u>34/100</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
<u>NONE</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/06/2007</u> Hours: _____	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate: _____	Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>SWABBING</u>	Casing PSI: <u>0</u> Tubing PSI: <u>0</u> Choke Size: _____
Gas Disposition: _____	Gas Type: _____ BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>838</u>	Tbg setting date: <u>08/03/2007</u> Packer Depth: _____
Reason for Non-Production: _____	
<u>NO INFLOW INTO THE WELLBORE</u>	
Date formation Abandoned: <u>08/06/2007</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Att Doc Num	Name
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)