

FORM
2
Rev
12/05

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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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

Document Number:
400116606
Plugging Bond Surety
20080136

3. Name of Operator: OMIMEX PETROLEUM INC 4. COGCC Operator Number: 66190

5. Address: 2001 BEACH ST STE 810
City: FORT WORTH State: TX Zip: 76103

6. Contact Name: Cliff Williams Phone: (817)804-8915 Fax: (817)460-1381
Email: cliff_williams@omimexgroup.com

7. Well Name: Bledsoe Well Number: 14-19-5-44

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 2800

WELL LOCATION INFORMATION

10. QtrQtr: SESW Sec: 19 Twp: 5N Rng: 44W Meridian: 6
Latitude: 40.383900 Longitude: -102.310450

Footage at Surface: 952 feet FNL/FSL FSL 2566 feet FEL/FWL FWL

11. Field Name: Ballyneal Field Number: 1970

12. Ground Elevation: 3762.9 13. County: YUMA

14. GPS Data:

Date of Measurement: 12/10/2010 PDOP Reading: 2.6 Instrument Operator's Name: E. Johnson

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 387 ft

18. Distance to nearest property line: 952 ft 19. Distance to nearest well permitted/completed in the same formation: 985 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Niobrara	NBRR		160	SW/4 Sec 19

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
SW/4; Section 19, 5N, 44W and other lands.

25. Distance to Nearest Mineral Lease Line: 952 ft 26. Total Acres in Lease: 60000

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: evaporation

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Line Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
SURF	9	7+1/2	17		450	200	450	0
1ST	6+1/4	4+1/2	10.5		2,800	100	2,800	1,950

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments **NO CONDUCTOR CASING TO BE USED IN THIS WELL.** Exception location request letter is attached seeking an exception to the 1200' setback rule for nearby producing Niobrara wells.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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

Signed: _____ Print Name: Cliff Williams

Title: Land Manager Date: _____ Email: cliff_williams@omimexgroup.co

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Permit Number: _____ Expiration Date: _____

API NUMBER
05

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

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Attachment Check List

Att Doc Num	Name
400116610	LOCATION DRAWING
400116612	TOPO MAP
400122935	EXCEPTION LOC REQUEST
400122936	SURFACE AGRMT/SURETY

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)