

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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> 2511559 </div>				
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>66190</u>	4. Contact Name: <u>JASON ALLEY</u>
2. Name of Operator: <u>OMIMEX PETROLEUM INC</u>	Phone: <u>(817) 735-1500</u>
3. Address: <u>2001 BEACH ST STE 810</u>	Fax: _____
City: <u>FORT WORTH</u> State: <u>TX</u> Zip: <u>76103</u>	

5. API Number <u>05-125-11345-00</u>	6. County: <u>YUMA</u>
7. Well Name: <u>Bledsoe</u>	Well Number: <u>2-7-5-44</u>
8. Location: QtrQtr: <u>NWNE</u> Section: <u>7</u> Township: <u>5N</u> Range: <u>44W</u> Meridian: <u>6</u>	
9. Field Name: <u>BALLYNEAL</u> Field Code: <u>1970</u>	

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/01/2010</u>	Date of First Production this formation: <u>07/29/2010</u>
Perforations Top: <u>2469</u> Bottom: <u>2498</u>	No. Holes: <u>44</u> Hole size: _____
Provide a brief summary of the formation treatment: _____	Open Hole: <input type="checkbox"/>
PRESSURE TEST IS 2700 PSI. PUMP IN ACID AND PAD. PUMP 65,140#S OF 16/30 SAND AND 10,000#S OF 16/30 SIBERPROP. 50 TONS OF CO2, ISIP = 845 PSI.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/29/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>37</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate: _____	Bbls oil: <u>0</u> Mcf Gas: <u>37</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FREE FLOW</u>	Casing PSI: <u>398</u> Tubing PSI: _____ Choke Size: <u>32/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u> BTU Gas: <u>920</u> API Gravity Oil: <u>0</u>
Tubing Size: _____ Tubing Setting Depth: _____	Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
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: _____	

Comment: _____

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

Signed: _____ Print Name: JASON ALLEY

Title: PET Date: 7/29/2010 Email JASON_ALLEY@OMIMEXGROUP.COM
:

Attachment Check List

Att Doc Num	Name
2511559	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req test info	2/21/2011 12:44:23 PM

Total: 1 comment(s)