


|   |  |  |  |    |    |    |    |
|---|--|--|--|----|----|----|----|
| <b>FORM</b><br><b>5</b><br>Rev<br>02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>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><br>Document Number:<br><br><div style="text-align: center; font-size: 1.2em;">2511562</div> | DE | ET | OE | ES |
| DE  | ET   | OE   | ES   |    |    |    |    |
| <b>DRILLING COMPLETION REPORT</b>   |  |  |  |    |    |    |    |
| This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required. |  |  |  |    |    |    |    |
| Completion Type <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion  |  |  |  |    |    |    |    |
| 1. OGCC Operator Number:    66190   |  | 4. Contact Name:    JASON ALLEY  |  |    |    |    |    |
| 2. Name of Operator:    OMIMEX PETROLEUM INC  |  | Phone:    (817) 735-1500   |  |    |    |    |    |
| 3. Address:    2001 BEACH ST STE 810  |  | Fax:   |  |    |    |    |    |
| City:    FORT WORTH   | State:    TX   | Zip:    76103  |  |    |    |    |    |
| 5. API Number    05-125-11345-00  |  | 6. County:    YUMA   |  |    |    |    |    |
| 7. Well Name:    Bledsoe  |  | Well Number:    2-7-5-44   |  |    |    |    |    |
| 8. Location:    QtrQtr:    NWNE    Section:    7    Township:    5N    Range:    44W    Meridian:    6  |  |  |  |    |    |    |    |
| Footage at surface:    Distance:    335    feet    Direction:    FNL    Distance:    2376    feet    Direction:    FEL  |  |  |  |    |    |    |    |
| As Drilled Latitude:    40.424100   | As Drilled Longitude:    -102.309880   |  |  |    |    |    |    |
| GPS Data:   |  |  |  |    |    |    |    |
| Data of Measurement:    06/28/2010    PDOP Reading:    1.6    GPS Instrument Operator's Name:    ERIC JOHNSON   |  |  |  |    |    |    |    |
| ** If directional footage at Top of Prod. Zone    Dist.:    feet. Direction:       Dist.:    feet. Direction:   |  |  |  |    |    |    |    |
| Sec:       Twp:       Rng:  |  |  |  |    |    |    |    |
| ** If directional footage at Bottom Hole    Dist.:    feet. Direction:       Dist.:    feet. Direction:   |  |  |  |    |    |    |    |
| Sec:       Twp:       Rng:  |  |  |  |    |    |    |    |
| 9. Field Name:    BALLYNEAL   |  | 10. Field Number:    1970  |  |    |    |    |    |
| 11. Federal, Indian or State Lease Number:  |  |  |  |    |    |    |    |
| 12. Spud Date: (when the 1st bit hit the dirt)    04/18/2010    13. Date TD:    04/23/2010    14. Date Casing Set or D&A:    04/24/2010   |  |  |  |    |    |    |    |
| 15. Well Classification:  |  |  |  |    |    |    |    |
| <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation   |  |  |  |    |    |    |    |
| 16. Total Depth    MD    2615    TVD**  |  | 17 Plug Back Total Depth    MD    2608    TVD**  |  |    |    |    |    |
| 18. Elevations    GR    3757    KB    3764  |  | One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available. |  |    |    |    |    |
| 19. List Electric Logs Run:   |  |  |  |    |    |    |    |
| TRIPLE COMBO, CBL/GR/CCL  |  |  |  |    |    |    |    |
| 20. Casing, Liner and Cement:   |  |  |  |    |    |    |    |

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

### CASING

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF        | 9+7/8        | 7              |       | 0             | 502           | 212       | 502     | 0       | CALC   |
| 1ST         | 6+1/4        | 4+1/2          |       | 0             | 2,615         | 150       | 2,615   | 0       | CBL    |

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

| FORMATION NAME | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
|                | Top            | Bottom | DST                      | Cored                    |   |
| NIORARA        | 2,469          | 2,498  | <input type="checkbox"/> | <input type="checkbox"/> |   |

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: 7/16/2010 Email: JASON\_ALLEY@OMIMEXGROUP.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 2072203                     | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | DST Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Logs                  | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Other                 | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 2511562                     | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| <u>User Group</u> | <u>Comment</u>  | <u>Comment Date</u>      |
|-------------------|---|--------------------------|
| Permit            | rec cmt tkt and digital Triple Combo, req digital CBL | 3/21/2011<br>10:47:52 AM |
| Permit            | REQ CMT TKT AND DIGITAL LOGS                          | 2/21/2011<br>12:40:52 PM |

Total: 2 comment(s)