

<b>FORM 5A</b> Rev 02/08	State of Colorado <b>Oil and Gas Conservation Commission</b> 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				
<b>COMPLETED INTERVAL REPORT</b>			Document Number:  2592990				
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) 870-2921</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>05-095-06227-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>Kennedy State</u>	Well Number: <u>13-36-7-45</u>
8. Location: QtrQtr: <u>SWSW</u> Section: <u>36</u> Township: <u>7n</u> Range: <u>45w</u> Meridian: <u>6</u>	
9. Field Name: <u>HOLYOKE SOUTH</u> Field Code: <u>36650</u>	

<u>Completed Interval</u>	
FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/10/2010</u>	Date of First Production this formation: <u>12/01/2010</u>
Perforations Top: <u>2562</u> Bottom: <u>2598</u>	No. Holes: <u>72</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
MIRU WITH MAVERICK AND PRESSURE TEST TO 2600 PSI AND BEGIN PUMPING IN ACID AND PAD. FRACTURE BREAKDOWN @ 1103 PSI. PUMPED 90040#S 16/30 DANIELS & 10000#S 16/30 SIBERPROP. ISIP = 1058 PSI	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/03/2010</u> Hours: <u>15</u> Bbls oil: <u>0</u> Mcf Gas: <u>71</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>114</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>FLOW</u> Casing PSI: <u>360</u> Tubing PSI: _____	Choke Size: <u>48/64</u>
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>985</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:
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**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

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: PETROLEUM ENG TECH Date: 1/21/2011 Email JASON\_ALLEY@OMIMEX.COM  
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### **Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>
2592990	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	TEST INFO DOC# 2072434	6/23/2011 8:49:12 AM

Total: 1 comment(s)