

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



DE	ET	OE	ES
----	----	----	----

Document Number:

2072436

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: 66190

4. Contact Name: JASON ALLEY

2. Name of Operator: OMIMEX PETROLEUM INC

Phone: (817) 870-2921

3. Address: 2001 BEACH ST STE 810

Fax:

City: FORT WORTH State: TX Zip: 76103

5. API Number 05-095-06278-00

6. County: PHILLIPS

7. Well Name: Millage

Well Number: 7-26-7-45

8. Location: QtrQtr: SWNE Section: 26 Township: 7N Range: 45W Meridian: 6

9. Field Name: HOLYOKE SOUTH Field Code: 36650

Completed Interval

FORMATION: NIOBRARA

Status: PRODUCING

Treatment Date: 11/10/2010

Date of First Production this formation: 12/19/2010

Perforations Top: 2524 Bottom: 2562 No. Holes: 82 Hole size: 41/100

Provide a brief summary of the formation treatment:

Open Hole: ☐

MIRU WITH MAVERICK AND PRESSURE TEST TO 2700 PSI AND BEGIN PUMPING IN ACID AND PAD. FRACTURE BREAKDOWN @ 1018 PSI. PUMPED 44800#S 16/30 AZ, 45020#S DANIELS & 10000 #S 16/30 SIBERPROP. ISIP = 678 PSI

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/19/2010 Hours: 12 Bbls oil: 0 Mcf Gas: 102 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: Mcf Gas: 204 Bbls H2O: GOR:

Test Method: FLOW Casing PSI: 580 Tubing PSI: Choke Size: 75/100

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 987 API Gravity Oil: 0

Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: ☐ Yes ☐ 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: PETROLEUM ENG TECH Date: 1/21/2011 Email: JASON\_ALLEY@OMIMEX.COM

### Attachment Check List

Att Doc Num	Name
2072436	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)