

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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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 2. Name of Operator: OMIMEX PETROLEUM INC 3. Address: 2001 BEACH ST STE 810 City: FORT WORTH State: TX Zip: 76103 4. Contact Name: JASON ALLEY Phone: (817) 460-7777 Fax: (817) 460-1381

5. API Number 05-125-11953-00 6. County: YUMA 7. Well Name: BLEDSOE A Well Number: 1-3-5-45 8. Location: QtrQtr: Lot 1 Section: 3 Township: 5N Range: 45W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: Treatment Date: 12/13/2011 End Date: Date of First Production this formation: 01/31/2012 Perforations Top: 2478 Bottom: 2513 No. Holes: 70 Hole size: 35/100

Provide a brief summary of the formation treatment: Open Hole: 91,520# 16/30 TEXAS GOLD; 8,500 #16/30 SIBER PROP AND 60 TONS OF CO2. BREAKDOWN AT 1037 PSI. ISIP =1240 5 MIN=872, 10 MIN=822 PSI, 15 MIN=798 PSI.

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Number of staged intervals: Total acid used in treatment (bbl): Max frac gradient (psi/ft): Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/31/2012 Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 50 Bbl H2O: 0 GOR: 0 Test Method: FLOWBACK Casing PSI: 479 Tubing PSI: Choke Size: 5/10 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 987 API Gravity Oil: 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: P.E.T Date: 2/21/2012 Email JASONALLEY@OMIMEXGROUP.COM  
:

### **Attachment Check List**

Att Doc Num	Name
2287854	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	Form 5 and cement ticket rcd, OK to pass.	3/4/2012 4:54:05 PM
Permit	Opr to be sent email requesting Form 5, Form 10 and Cement Ticket 6/4/2012 NKP	6/1/2012 10:47:16 AM

Total: 2 comment(s)