

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400464252

Date Received:

DRILLING COMPLETION REPORT

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 Final completion Preliminary completion

1. OGCC Operator Number: 66190 4. Contact Name: Joe Don Glassey
 2. Name of Operator: OMIMEX PETROLEUM INC Phone: (817) 460-7777
 3. Address: 7950 JOHN T WHITE ROAD Fax: (817) 460-1381
 City: FORT WORTH State: TX Zip: 76120

5. API Number 05-121-11024-00 6. County: WASHINGTON
 7. Well Name: Vega Well Number: 4-29-1-49
 8. Location: QtrQtr: NWNW Section: 29 Township: 1S Range: 49W Meridian: 6
 Footage at surface: Distance: 1039 feet Direction: FNL Distance: 751 feet Direction: FWL
 As Drilled Latitude: 39.942930 As Drilled Longitude: -102.894090

GPS Data:
 Date of Measurement: 10/25/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: Kyle Rutz

** 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: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/23/2013 13. Date TD: 08/04/2013 14. Date Casing Set or D&A: 08/07/2013

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6800 TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 4381 KB 4393 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, Array Induction, Neutron Density, Cmt Volume, BHC Sonic, MicroLog, CMR

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	517	300	0	517	VISU

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
NIOBRARA	2,930	2,974	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	4,184	4,489	<input type="checkbox"/>	<input type="checkbox"/>	
CHEROKEE	6,255	6,696	<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: Joe Don Glassey

Title: Petroleum Eng. Tech Date: _____ Email: joe_glassey@omimexgroup.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400464460	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400464465	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400464466	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400464468	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400464469	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400464473	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400464475	PDF-	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400466804	OPERATIONS SUMMARY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)