

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: 7950 JOHN T WHITE ROAD City: FORT WORTH State: TX Zip: 76120 4. Contact Name: Joe Don Glassey Phone: (817) 460-7777 Fax: (817) 460-1381 Email: joe_glassey@omimexgroup.com

5. API Number 05-125-11961-00 6. County: YUMA 7. Well Name: BLEDSOE 8. Location: QtrQtr: NENE Section: 30 Township: 5N Range: 44W Meridian: 6 9. Field Name: BALLYNEAL Field Code: 1970

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/19/2013 End Date: 12/19/2013 Date of First Production this formation: Perforations Top: 2390 Bottom: 2432 No. Holes: 84 Hole size: Provide a brief summary of the formation treatment: Open Hole:

Pump 500gals of 7.5% HCL, 90,040 LBS of 16/30, 5,190 LBS of 16/30 CRC. CO2, 59.5 TONS of CO2, 34,957gals of gelled water.

This formation is commingled with another formation: Yes No Total fluid used in treatment (bbl): 832 Max pressure during treatment (psi): 870 Total gas used in treatment (mcf): 1022 Fluid density at initial fracture (lbs/gal): 18.33 Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): 0.65 Total acid used in treatment (bbl): 12 Number of staged intervals: 1 Recycled water used in treatment (bbl): Fresh water used in treatment (bbl): 528 Disposition method for flowback: DISPOSAL Total proppant used (lbs): 95230 Rule 805 green completion techniques were utilized: Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production: Well is not connected to pipeline.

Date formation Abandoned: Squeeze: Yes No If yes, number of sacks cmt ** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

The well is SI for now until connected to pipeline. Expecting to start producing Late January to Mid-February.

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: 1/17/2014 Email joe_glassey@omimexgroup.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400540867	FORM 5A SUBMITTED
400540964	COMPLETED INTERVAL REPORT

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)