

FORM
5
Rev
09/14

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:
400631140

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

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

API Number 05-125-12082-00 County: YUMA
 Well Name: Bledsoe Well Number: 6-28-5-44
 Location: QtrQtr: SENW Section: 28 Township: 5N Range: 44W Meridian: _____
 Footage at surface: Distance: 1563 feet Direction: FNL Distance: 1332 feet Direction: FWL
 As Drilled Latitude: 40.377000 As Drilled Longitude: -102.276290

GPS Data:
 Date of Measurement: 09/20/2014 PDOP Reading: 2.4 GPS Instrument Operator's Name: Adam Beauprez

** 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: _____

Field Name: BALLYNEAL Field Number: 1970
 Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 06/19/2014 Date TD: 06/21/2014 Date Casing Set or D&A: 06/22/2014
 Rig Release Date: 06/22/2014 Per Rule 308A.b.

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

Total Depth MD 2545 TVD** _____ Plug Back Total Depth MD _____ TVD** _____

Elevations GR 3736 KB 3742 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Caliper, Directional, Induction, Nuclear, T-Combo

CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7	17	0	467	290			

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:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	2,348	2,388			

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 ?	
<u>Attachment Checklist</u>			
	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"/>
400727384	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400723314	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723315	PDF-DIRECTIONAL SURVEY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723316	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723319	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723324	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)