

**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



Document Number:  
400739344  
  
Date Received:  
12/30/2014

**DRILLING COMPLETION REPORT**

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-095-06468-00 County: PHILLIPS  
Well Name: Gueck Well Number: 10-19-7-44  
Location: QtrQtr: NWSE Section: 19 Township: 7N Range: 44W Meridian: 6  
Footage at surface: Distance: 2001 feet Direction: FSL Distance: 2249 feet Direction: FEL  
As Drilled Latitude: 40.562070 As Drilled Longitude: -102.310140

GPS Data:  
Date of Measurement: 12/06/2014 PDOP Reading: 2.9 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: HOLYOKE SOUTH Field Number: 36650  
Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 11/22/2014 Date TD: 11/24/2014 Date Casing Set or D&A: 11/24/2014  
Rig Release Date: 11/24/2014 Per Rule 308A.b.

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

Total Depth MD 2726 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 2657 TVD\*\* \_\_\_\_\_  
Elevations GR 3747 KB 3753 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:  
Caliper, Induction, Directional survey, Neutron, T-COM, LAS, CBL

**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	20	0	496	276	0	496	VISU
1ST	6+1/4	4+1/2	11.6	0	2,700	220	0	2,700	CBL

**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	2,486	2,524	NO	NO	

Operator Comments

\_\_\_\_\_

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: 12/30/2014 Email: joe\_glassey@omimexgroup.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400756715	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input 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"/>
400748163	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<b><u>Other Attachments</u></b>			
400739344	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742086	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742087	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742090	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742091	PDF-POROSITY	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742092	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742124	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400756697	PDF-CEMENT BOND	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)