


FORM 5A Rev 06/12	State of Colorado Oil and Gas Conservation Commission 1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: 400765208 Date Received:				
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: <u>66190</u> 2. Name of Operator: <u>OMIMEX PETROLEUM INC</u> 3. Address: <u>7950 JOHN T WHITE ROAD</u> City: <u>FORT WORTH</u> State: <u>TX</u> Zip: <u>76120</u>	4. Contact Name: <u>Joe Glassey</u> Phone: <u>(817) 460-7777</u> Fax: <u>(817) 460-1381</u> Email: <u>joe_glassey@omimexgroup.com</u>
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5. API Number <u>05-095-06467-00</u> 7. Well Name: <u>Kennedy State</u> 8. Location: QtrQtr: <u>NESW</u> Section: <u>36</u> Township: <u>7N</u> 9. Field Name: <u>HOLYOKE SOUTH</u> Field Code: <u>36650</u>	6. County: <u>PHILLIPS</u> Well Number: <u>11-36-7-45</u> Range: <u>45W</u> Meridian: <u>6</u>
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Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>	Treatment Type: <u>FRACTURE STIMULATION</u>
Treatment Date: <u>12/17/2014</u>	End Date: <u>12/17/2014</u>	Date of First Production this formation: <u>12/20/2014</u>
Perforations Top: <u>2538</u>	Bottom: <u>2574</u>	No. Holes: <u>72</u> Hole size: <u>0.41</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>		
pumped 500 gals of 7.5% HCL, 55 gals of Scale Inhibitor, 90,120 lbs. 16/30 BROWN, 5,120lbs 16/30 CRC, and 57 TONS OF CO2. BREAKDOWN @ 1050 PSI. ISIP @ 660PSI, 5MIN @ 600PSI, 10MIN @ 540PSI.		

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): <u>835</u>	Max pressure during treatment (psi): <u>1051</u>
Total gas used in treatment (mcf): <u>1097</u>	Fluid density at initial fracture (lbs/gal): <u>8.33</u>
Type of gas used in treatment: <u>CARBON DIOXIDE</u>	Min frac gradient (psi/ft): <u>0.69</u>
Total acid used in treatment (bbl): <u>12</u>	Number of staged intervals: <u>1</u>
Recycled water used in treatment (bbl): <u>0</u>	Flowback volume recovered (bbl): <u>20</u>
Fresh water used in treatment (bbl): <u>527</u>	Disposition method for flowback: <u>DISPOSAL</u>
Total proppant used (lbs): <u>95240</u>	Rule 805 green completion techniques were utilized: <input checked="" type="checkbox"/>

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: <u>12/20/2014</u>	Hours: _____	Bbl oil: _____	Mcf Gas: _____	Bbl H2O: _____
Calculated 24 hour rate:	Bbl oil: <u>0</u>	Mcf Gas: <u>120</u>	Bbl H2O: <u>0</u>	GOR: <u>0</u>
Test Method: <u>Barton Chart</u>	Casing PSI: <u>544</u>	Tubing PSI: _____	Choke Size: <u>0.5</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	Btu Gas: <u>449</u>	API Gravity Oil: <u>0</u>	
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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

Converted tons of co2 to scf by using 19.25 scf as a universal number in the Total gas used (mcf) box under the formation section. 24 day Production Test. Frac Report has section 26, but it's section 36. No tubing in well, there is no tubing pressures available.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Joe Glassey

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400774217	OPERATIONS SUMMARY
400774222	NET PRESSURE CHART

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)