

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:

400631140

Date Received:

11/10/2014

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 05-125-12082-00 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			

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: 11/10/2014 Email: joe_glassey@omimexgroup.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
2519463	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400723315	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>
Other Attachments			
2519464	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400631140	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723314	CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723316	INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723319	DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400723324	TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Attached provided log and cement ticket.	11/10/2014 2:26:31 PM
Permit	Missing surface casing cement ticket. Missing LAS log of the triple combination.	11/10/2014 1:11:03 PM

Total: 2 comment(s)