

FORM
2
Rev
12/05

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

Document Number:
400061222
Plugging Bond Surety
20080136

3. Name of Operator: OMIMEX PETROLEUM INC 4. COGCC Operator Number: 66190

5. Address: 2001 BEACH ST STE 810
City: FORT WORTH State: TX Zip: 76103

6. Contact Name: Cliff Williams Phone: (817)321-7015 Fax: (817)735-8033
Email: cliff_williams@omimexgroup.com

7. Well Name: Martin Well Number: 5-25-7-45

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 2800

WELL LOCATION INFORMATION

10. QtrQtr: SWNW Sec: 25 Twp: 7n Rng: 45w Meridian: 6

Latitude: 40.549900 Longitude: -102.337890

Footage at Surface: 2445 FNL/FSL FNL 704 FEL/FWL FWL

11. Field Name: Holyoke South Field Number: 36650

12. Ground Elevation: 3772.9 13. County: PHILLIPS

14. GPS Data:

Date of Measurement: 04/14/2010 PDOP Reading: 1.9 Instrument Operator's Name: E Johnson

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone: FNL/FSL _____ FEL/FWL _____ Bottom Hole: FNL/FSL _____ FEL/FWL _____

Sec: _____ Twp: _____ Rng: _____ Sec: _____ Twp: _____ Rng: _____

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 207 ft

18. Distance to nearest property line: 210 ft 19. Distance to nearest well permitted/completed in the same formation: 1345

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Niobrara	NBRR		160	S2NW & N2SW

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
 NW Quarter, Sec 25, 7N, R45W

25. Distance to Nearest Mineral Lease Line: 210 ft 26. Total Acres in Lease: 160

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: evaporation

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	9+7/8	7	20	450	200	450	0
1ST	6+1/4	4+1/2	11.5	2,800	100	2,800	1,950

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments No Conductor Casing to be used on this well. Pooling Declaration attached as "OTHER". Pooled Unit is S2NW & N2SW. PVG 6-30-10 ;

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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

Signed: _____ Print Name: Cliff Williams

Title: Land Manager Date: 5/12/2010 Email: cliff_williams@omimexgroup.co

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 7/2/2010

API NUMBER 05 095 06285 00	Permit Number: _____	Expiration Date: <u>7/1/2012</u>
CONDITIONS OF APPROVAL, IF ANY:		

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

COGCC ENG COA

1. Provide 24 hr notice of spud to Colby Horton at 970-467-2517 or colby.horton@state.co.us.
2. Note surface casing setting depth change from 450' to 500'. Increase cement coverage accordingly and cement to surface. Set surface casing per Rule 317d, cement to surface. Setting surface casing less than the approved depth is a permit violation unless prior written approval is obtained from the COGCC.
3. If completed, provide cement coverage from TD to 200' above Niobrara. Verify coverage with cement bond log.
4. If well is a dry hole set the following plugs: a) 40 sks cement from 50' above Niobrara top up, b) 40 sks cement ½ out, ½ in surface casing c) 10 sks cement at top of surface casing, cut casing 4' below GL, weld on plate, 5 sks cement in rat hole and 5 sks cement in mouse hole. Restore surface location.

Attachment Check List

Att Doc Num	Name	Doc Description
1725881	SURFACE CASING CHECK	LF@2489904 1725881
2621590	OTHER	LF@2499750 2621590
2621591	OTHER	LF@2499907 2621591
400061222	FORM 2 SUBMITTED	LF@2477233 400061222
400061232	WELL LOCATION PLAT	LF@2477234 400061232
400061234	TOPO MAP	LF@2477236 400061234
400061235	LOCATION PICTURES	LF@2477237 400061235

Total Attach: 7 Files