


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 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> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">2591404</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number:    66190		4. Contact Name:    JASON ALLEY					
2. Name of Operator:    OMIMEX PETROLEUM INC		Phone:    (817) 804-8917					
3. Address:    2001 BEACH ST STE 810		Fax:					
City:    FORT WORTH	State:    TX	Zip:    76103					
5. API Number    05-095-06227-00		6. County:    PHILLIPS					
7. Well Name:    Kennedy State		Well Number:    13-36-7-45					
8. Location:    QtrQtr:    SWSW    Section:    36    Township:    7n    Range:    45w    Meridian:    6							
Footage at surface:    Distance:    307    feet    Direction:    FSL    Distance:    625    feet    Direction:    FWL							
As Drilled Latitude:    40.528190	As Drilled Longitude:    -102.338140						
GPS Data:							
Data of Measurement:    11/15/2010    PDOP Reading:    1.9    GPS Instrument Operator's Name:    ERIC JOHNSON							
** 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:							
9. Field Name:    HOLYOKE SOUTH		10. Field Number:    36650					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt)    09/28/2010    13. Date TD:    09/30/2010    14. Date Casing Set or D&A:    09/30/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    2771    TVD**		17 Plug Back Total Depth    MD    2703    TVD**					
18. Elevations    GR    3775    KB    3781		One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.					
19. List Electric Logs Run:							
TRIPLE COMBO, CBL, DIRECTIONAL SURVEY							
20. Casing, Liner and Cement:							

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

### CASING

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		0	452	211	0	456	CALC
1ST	6+1/4	4+1/2		0	2,746	186	0	2,744	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBARRA	2,562	2,598	<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: JASON ALLEY

Title: PETRO ENG TECH Date: 11/23/2010 Email: JASON\_ALLEY@OMIMEX.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2072433	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 type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2591404	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	REC CMT TKTS	6/23/2011 8:28:24 AM
Permit	REQ CMT TKT	6/14/2011 12:39:40 PM

Total: 2 comment(s)