

FORM  
5A

Rev  
02/08

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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Document Number:

2072425

COMPLETED INTERVAL REPORT

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: 66190 4. Contact Name: JASON ALLEY  
2. Name of Operator: OMIMEX PETROLEUM INC Phone: (817) 870-2921  
3. Address: 2001 BEACH ST STE 810 Fax: \_\_\_\_\_  
City: FORT WORTH State: TX Zip: 76103

5. API Number 05-095-06228-00 6. County: PHILLIPS  
7. Well Name: Denney State Well Number: 3-36-7-45  
8. Location: QtrQtr: NENW Section: 36 Township: 7N Range: 45W Meridian: 6  
9. Field Name: HOLYOKE SOUTH Field Code: 36650

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/11/2010 Date of First Production this formation: 12/01/2010  
Perforations Top: 2527 Bottom: 2562 No. Holes: 70 Hole size: 35/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

MIRO WITH MAVERICK AND PRESSURE TEST TO 2600 PSI AND BEGIN PIMPING IN ACID AND PAD. FRACTURE  
BREAKDOWN @ 1053 PSI, PUMPED 90060#S 16/30 DANIELS & 10000#S 16/30 SIBERPROP. ISIP = 900 PSI.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 12/02/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 208 Bbls H2O: 0  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: FLOW Casing PSI: 526 Tubing PSI: \_\_\_\_\_ Choke Size: 75/100  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 986 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2530 Tbg setting date: 02/18/2011 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: \_\_\_\_\_

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: PETROLEUM ENG TECH Date: 1/21/2011 Email: JASON\_ALLEY@OMIMEX.COM

### Attachment Check List

Att Doc Num	Name
2072425	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)