

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:

2072432

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 05-095-06284-00 6. County: PHILLIPS  
7. Well Name: Gueck Well Number: 5-19-7-44  
8. Location: QtrQtr: SWNW Section: 19 Township: 7N Range: 44W Meridian: 6  
9. Field Name: HOLYOKE SOUTH Field Code: 36650

Completed Interval

FORMATION: <u>NIOBRARA</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/09/2010</u>		Date of First Production this formation: <u>12/11/2010</u>	
Perforations	Top: <u>2488</u> Bottom: <u>2524</u>	No. Holes: <u>76</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>MIRU WITH MAVERICK AND PRESSURE TEST TO 2500 PSI AND BEGIN PUMPING IN ACID AND PAD. FRACTURE BREAKDOWN @ 1033 PSI. PUMPED 90120#S 16/30 AZ &amp; 10000 #S 16/30 SIBERPROP. ISIP = 787 PSI.</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>12/11/2010</u>	Hours: <u>11</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>87</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: <u>190</u> Bbls H2O: _____ GOR: _____
Test Method: <u>FLOW</u>	Casing PSI: <u>572</u>	Tubing PSI: _____	Choke Size: <u>75/100</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>987</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: <input type="checkbox"/> Yes <input type="checkbox"/> 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
2072432	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

Total: 0 comment(s)