

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:

2072447

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 05-095-06283-00 6. County: PHILLIPS
7. Well Name: Lindgren Well Number: 6-30-7-44
8. Location: QtrQtr: SWNW Section: 30 Township: 7n Range: 44w Meridian: 6
9. Field Name: HOLYOKE SOUTH Field Code: 36650

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 11/09/2010 Date of First Production this formation: 12/10/2010
Perforations Top: 2528 Bottom: 2566 No. Holes: 76 Hole size: 38/100

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

MIRU WITH MAVERICK AND PRESSURE TEST TO 3800 PSI AND BEGIN PUMPING IN ACID AND PAD. FRACTURE
BREAKDOWN @ 1088 PSI. PUMPED 90380#S 16/30 AZ & 10000 #S 16/30 SIBERPROP. ISIP = 1050 PSI

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

Test Information:

Date: 12/10/2010 Hours: 9 Bbls oil: 0 Mcf Gas: 47 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: 125 Bbls H2O: _____ GOR: _____
Test Method: FLOW Casing PSI: 537 Tubing PSI: _____ Choke Size: 75/100
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 984 API Gravity Oil: 0
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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
2072447	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)