

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:

2072443

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 05-095-06277-00 6. County: PHILLIPS
7. Well Name: Kenalo Well Number: 1-24-7-45
8. Location: QtrQtr: NENE Section: 24 Township: 7N Range: 45W 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>12/01/2010</u>	
Perforations	Top: <u>2510</u> Bottom: <u>2547</u>	No. Holes: <u>74</u>	Hole size: <u>37/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>MIRU WITH MAVERICK AND PRESSURE TEST TO 2700 PSI AND BEGIN PUMPING IN ACID AND PAD. FRACTURE BREAKDOWN @ 1043 PSI. PUMPED 90060#S 16/30 DANIELS & 10000 #S 16/30 SIBERPROP. ISIP = 1066 PSI</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>12/02/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>223</u> Bbls H2O: <u>65</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: <u>FLOW</u>	Casing PSI: <u>275</u>	Tubing PSI: _____	Choke Size: <u>75/100</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>986</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
2072443	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)