

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:

2072441

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 05-095-06286-00 6. County: PHILLIPS
7. Well Name: Lindgren Well Number: 3-30-7-44
8. Location: QtrQtr: NENW Section: 30 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>12/10/2010</u>
Perforations Top: <u>2510</u> Bottom: <u>2546</u>	No. Holes: <u>72</u> Hole size: <u>36/100</u>
Provide a brief summary of the formation treatment: <u>MIRU WITH MAVERICK AND PRESSURE TEST TO 2700 PSI AND BEGIN PUMPING IN ACID AND PAD. FRACTURE BREAKDOWN @ 861 PSI. PUMPED 64960#S 16/30 AZ. ISIP = 1996 PSI</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/10/2010</u> Hours: <u>9</u> Bbls oil: <u>0</u> Mcf Gas: <u>21</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: <u>56</u> Bbls H2O: _____ GOR: _____	
Test Method: <u>FLOW</u> Casing PSI: <u>256</u> Tubing PSI: _____ Choke Size: <u>75/100</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>985</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
2072441	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)