

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

Document Number: 2287855

Date Received: 03/09/2012

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
2. Name of Operator: OMIMEX PETROLEUM INC
3. Address: 2001 BEACH ST STE 810
City: FORT WORTH State: TX Zip: 76103
4. Contact Name: JASON ALLEY
Phone: (817) 460-7777
Fax: (817) 460-1381

5. API Number 05-125-11952-00
6. County: YUMA
7. Well Name: Bledsoe
Well Number: 5-26-5-45
8. Location: QtrQtr: SWNW Section: 26 Township: 5N Range: 45W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:

Treatment Date: 12/12/2011 End Date: Date of First Production this formation: 01/26/2012

Perforations Top: 2494 Bottom: 2530 No. Holes: 72 Hole size: 36/100

Provide a brief summary of the formation treatment: Open Hole: [ ]

91,540#16/30 TEXAS GOLD; 8,500 #16/30 SIBER PROP AND 59 TONS OF CO2. BREAKDOWN AT 750 PSI. ISIP=631 5 MIN=534 PSI, 10 MIN=520 PSI, 15 MIN=515 PSI.

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Number of staged intervals:

Total acid used in treatment (bbl): Max frac gradient (psi/ft):

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/26/2012 Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 85 Bbl H2O: 0 GOR: 0

Test Method: FLOWBACK Casing PSI: 285 Tubing PSI: Choke Size:

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 987 API Gravity Oil:

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:

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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: P.E.T Date: 2/21/2012 Email: JASONALLEY@OMIMEXGROUP.COM  
:

**Attachment Check List**

Att Doc Num	Name
2287855	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

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