

FORM
42
Rev
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OGCC RECEPTION
Receive Date:
07/23/2013
Document Number:
400452724

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>66190</u>	Contact Person: <u>Jimika Reed</u>
Company Name: <u>OMIMEX PETROLEUM INC</u>	Phone: <u>(817) 460-7777</u>
Address: <u>7950 JOHN T WHITE ROAD</u>	Fax: <u>(817) 460-1381</u>
City: <u>FORT WORTH</u> State: <u>TX</u> Zip: <u>76120</u>	Email: <u>jimika_reed@omimexgroup.com</u>
API #: <u>05 - 121 - 11024 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>Vega 4-29-1-49</u>	
Sec: <u>29</u> Twp: <u>1S</u> Range: <u>49W</u> QtrQtr: <u>NWNW</u>	Lat: <u>39.942930</u> Long: <u>-102.894090</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/23/2013 Time: 02:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Jimika Reed Email: jimika_reed@omimexgroup.com

Signature: Jimika Reed Title: Petroleum Engineer Date: 07/23/2013