

FORM  
5Rev  
09/14

## State of Colorado

## Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400730833

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☐ Final completion ☒ Preliminary completion

OGCC Operator Number: 66190

Contact Name: Joe Don Glassey

Name of Operator: OMIMEX PETROLEUM INC

Phone: (817) 460-7777

Address: 7950 JOHN T WHITE ROAD

Fax: (817) 460-1381

City: FORT WORTH State: TX Zip: 76120

API Number 05-095-06465-00

County: PHILLIPS

Well Name: Mailander

Well Number: 4-34-6-45

Location: QtrQtr: NWNW Section: 34 Township: 6N Range: 45W Meridian: 6

Footage at surface: Distance: 481 feet Direction: FNL Distance: 394 feet Direction: FWL

As Drilled Latitude: 40.452940 As Drilled Longitude: -102.376900

## GPS Data:

Date of Measurement: 12/06/2014 PDOP Reading: 1.6 GPS Instrument Operator's Name: Adam Beauprez

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

Field Name: BALLYNEAL

Field Number: 1970

Federal, Indian or State Lease Number:

Spud Date: (when the 1st bit hit the dirt) 11/10/2014 Date TD: 11/12/2014 Date Casing Set or D&amp;A: 11/13/2014

Rig Release Date: 11/13/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

Total Depth MD 2696 TVD\*\* Plug Back Total Depth MD TVD\*\*

Elevations GR 3804 KB 3810 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Caliper, Inclination, Induction, Porosity, TCOM, LAS

## CASING, LINER AND CEMENT

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7	20	0	497	246	0	497	VISU
1ST	6+1/4	4+1/2	11.6	0	2,665	216			

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

### **FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	
NIOBRARA	2,472	2,510	NO	NO	

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: \_\_\_\_\_

Print Name: Joe Don Glassey

Title: Petroleum Eng. Tech

Date: \_\_\_\_\_

Email: joe\_glassey@omimexgroup.com

### **Attachment Check List**

Att Doc Num	Document Name	attached ?	
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#### Attachment Checklist

400749050	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737789	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

#### Other Attachments

400737748	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737753	PDF-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737757	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737759	PDF-POROSITY	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737762	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400743015	LAS-	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)