

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



Document Number:

400731905

Date Received:

12/11/2014

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

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 05-125-12124-00

County: YUMA

Well Name: Fiddler Peak Ranch

Well Number: 4-3-5-45

Location: QtrQtr: NWNW Section: 3 Township: 5N Range: 45W Meridian: 6

Footage at surface: Distance: 432 feet Direction: FNL Distance: 603 feet Direction: FWL

As Drilled Latitude: 40.438460 As Drilled Longitude: -102.375940

## GPS Data:

Date of Measurement: 12/06/2014 PDOP Reading: 1.5 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) 11/13/2014 Date TD: 11/15/2014 Date Casing Set or D&amp;A: 11/15/2014

Rig Release Date: 11/15/2014 Per Rule 308A.b.

## Well Classification:

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

Total Depth MD 2725 TVD\*\* Plug Back Total Depth MD 2649 TVD\*\*

Elevations GR 3792 KB 3798 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Caliper, GPIT-Inclinometry, PORO, RES, 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	493	295	0	493	VISU
1ST	6+1/4	4+1/2	11.6	0	2,692	217	0	2,725	VISU

## 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	2,480	2,516			

Operator Comments

Preliminary submitted. Final Form 5 will be submitted after CBL is run when well is completed.

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: 12/11/2014

Email: joe\_glassey@omimexgroup.com

### **Attachment Check List**

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

400749148	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"/>
400738673	Other	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

#### Other Attachments

400731905	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400738665	PDF-CALIPER	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400738669	PDF-INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400738670	PDF-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400738671	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400743364	PDF-ELECTRONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400743369	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)