

**FORM  
5**Rev  
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:

400730833

Date Received:

12/10/2014

**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 05-095-06465-00 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&A: 11/13/2014Rig Release Date: 11/13/2014 Per Rule 308A.b.

## Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ ObservationTotal Depth MD 2696 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD 2606 TVD\*\* \_\_\_\_\_Elevations GR 3804 KB 3810 Digital Copies of ALL Logs must be Attached per Rule 308A ☒

## List Electric Logs Run:

Caliper, Inclinometry, 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	70	2,665	CBL

**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	

Operator Comments

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: 12/10/2014 Email: joe\_glassey@omimexgroup.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
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"/>
<u>Other Attachments</u>					
400730833	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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-DENSITY/NEUTRON	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400737762	PDF-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400743015	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Engineering Tech	Requested CBL 12/15/14; received 12/18/14. PBTD added as per CBL.	12/15/2014 3:53:54 PM

Total: 1 comment(s)