

FORM
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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:

400742537

Date Received:

12/31/2014

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: <u>66190</u>	Contact Name: <u>Joe Don Glassey</u>
Name of Operator: <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>	

API Number <u>05-095-06464-00</u>	County: <u>PHILLIPS</u>
Well Name: <u>Moss</u>	Well Number: <u>7-19-7-44</u>
Location: QtrQtr: <u>SWNE</u> Section: <u>19</u> Township: <u>7N</u> Range: <u>44W</u> Meridian: <u>6</u>	
Footage at surface: Distance: <u>2032</u> feet Direction: <u>FNL</u> Distance: <u>2002</u> feet Direction: <u>FEL</u>	
As Drilled Latitude: <u>40.565620</u> As Drilled Longitude: <u>-102.309290</u>	

GPS Data:
Date of Measurement: 12/06/2014 PDOP Reading: 2.7 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: HOLYOKE SOUTH Field Number: 36650

Federal, Indian or State Lease Number: _____

Spud Date: (when the 1st bit hit the dirt) 11/28/2014 Date TD: 11/30/2014 Date Casing Set or D&A: 11/30/2014

Rig Release Date: 11/30/2014 Per Rule 308A.b.

Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

Total Depth MD 2726 TVD** _____ Plug Back Total Depth MD 2662 TVD** _____

Elevations GR 3742 KB 3748 **Digital Copies of ALL Logs must be Attached per Rule 308A**

List Electric Logs Run:
Caliper, Inclinometry, Induction, Porosity, Triple Combo, LAS, CBL

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	295	0	497	VISU
1ST	6+1/4	4+1/2	11.6	0	2,705	226	0	2,705	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	2,467	2,508	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: 12/31/2014 Email: joe_glassey@omimexgroup.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400756721	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"/>
400748209	Other	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
<u>Other Attachments</u>			
400742537	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742966	PDF-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742970	PDF-ELECTRONIC	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742993	PDF-INDUCTION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400742998	PDF-DENSITY/NEUTRON	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400743004	PDF-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400744047	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400756717	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)