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Document Number:
400366982

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

1. OGCC Operator Number: 10249 4. Contact Name: David Hettich
 2. Name of Operator: STRATA-X INC Phone: (303) 500-5071
 3. Address: 225 UNION BLVD SUITE 450 Fax: (303) 986-6861
 City: LAKEWOOD State: CO Zip: 80228

5. API Number 05-043-06148-00 6. County: FREMONT
 7. Well Name: SLANOVICH Well Number: 32-23
 8. Location: QtrQtr: SWNE Section: 23 Township: 19S Range: 70W Meridian: 6
 Footage at surface: Distance: 2422 feet Direction: FNL Distance: 2483 feet Direction: FEL
 As Drilled Latitude: 38.382481 As Drilled Longitude: -105.189256

GPS Data:
 Date of Measurement: 11/29/2007 PDOP Reading: 6.0 GPS Instrument Operator's Name: Gerry Terry

** 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: _____

9. Field Name: FLORENCE-CANON CITY 10. Field Number: 24600
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/04/2007 13. Date TD: 05/27/2007 14. Date Casing Set or D&A: 05/29/2007

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

16. Total Depth MD 6420 TVD** 6420 17 Plug Back Total Depth MD 6398 TVD** 6398

18. Elevations GR 5538 KB 5549 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Dual Induction, Neutron Density, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24	0	808	384		808	
1ST	7+7/8	4+1/2	11.6	0	6,416	410	3,702	6,420	

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:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PIERRE	1,070	4,840	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	4,783	4,840	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,134	5,670	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	5,620	5,670	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	5,670	5,684	<input type="checkbox"/>	<input type="checkbox"/>	
GREENHORN	5,828	5,907	<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	6,106	6,188	<input type="checkbox"/>	<input type="checkbox"/>	
LYTLE	6,268	6,302	<input type="checkbox"/>	<input type="checkbox"/>	
MORRISON	6,302		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well was originally drilled by Mountain Petroleum Corporation and is now proposed for plugging by Strata-X, Inc.

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

Signed: _____

Print Name: Lisa Smith - Permitco Inc

Title: Agent for Strata-X, Inc

Date: _____

Email: lspemitco@aol.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" 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 type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)