

FORM  
5

Rev  
02/08

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:

400296650

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  
2. Name of Operator: STRATA-X INC  
3. Address: 225 UNION BLVD SUITE 450  
City: LAKEWOOD State: CO Zip: 80228  
4. Contact Name: Lisa Smith  
Phone: (303) 857-9999  
Fax: (303) 450-9200

5. API Number 05-043-06151-00  
6. County: FREMONT  
7. Well Name: Slanovich Well Number: 32-23P  
8. Location: QtrQtr: SWNE Section: 23 Township: 19S Range: 70W Meridian: 6  
Footage at surface: Distance: 2212 feet Direction: FNL Distance: 2155 feet Direction: FEL  
As Drilled Latitude: 38.382800 As Drilled Longitude: -105.188300

GPS Data:

Date of Measurement: 08/15/2010 PDOP Reading: 1.2 GPS Instrument Operator's Name: Rob Daley

\*\* 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: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 02/02/2012 13. Date TD: 04/02/2012 14. Date Casing Set or D&A: 06/05/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 3954 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5529 KB 5540  
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:

None - Mechanical Issues

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
CONDUCTOR	18	16		0	42	8	0	42	
SURF	10+1/2	9+5/8		0	725	160	0		

STAGE/TOP OUT/REMEDIAL CEMENT

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

Method used	String	Cementing tool setting/pref 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	
			<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

\_\_\_\_\_

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

Title: Authorized Agent Date: \_\_\_\_\_ Email: lspermitco@aol.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400296678	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 type="checkbox"/>	No <input checked="" type="checkbox"/>
400296676	Other	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)