

FORM 5
Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Document Number:
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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: 44390 4. Contact Name: Tom Menhennett
2. Name of Operator: JAVERNICK OIL Phone: (719) 275-3040
3. Address: 3040 E MAIN Fax: (719) 275-4590
City: CANON CITY State: CO Zip: 81212

5. API Number 05-043-06154-00 6. County: FREMONT
7. Well Name: COOL Well Number: #1
8. Location: QtrQtr: SESW Section: 15 Township: 20S Range: 69W Meridian: 6
Footage at surface: Distance: 720 feet Direction: FSL Distance: 1413 feet Direction: FWL
As Drilled Latitude: 38.303420 As Drilled Longitude: -105.100080

GPS Data:
Date of Measurement: 10/17/2007 PDOP Reading: 2.4 GPS Instrument Operator's Name: Matthew Koch

** 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) 09/14/2007 13. Date TD: 09/15/2007 14. Date Casing Set or D&A: 10/13/2007

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

16. Total Depth MD _____ TVD** _____ 17 Plug Back Total Depth MD _____ TVD** _____

18. Elevations GR 5605 KB 5612 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:
No Logs Run

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	8+3/4	7	23	0	204	144	0	204	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:

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	0	3,651	<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: Tom Menhennett

Title: CFO Javernick Oil LLC Date: _____ Email: tbm3040@gmail.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

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

Total: 0 comment(s)