

FORM
5
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400245886

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: 53650
2. Name of Operator: MARATHON OIL COMPANY
3. Address: 5555 SAN FELIPE
City: HOUSTON State: TX Zip: 77056
4. Contact Name: Erin Bibeau
Phone: (970) 419-7816
Fax: (970) 492-9219

5. API Number 05-123-33352-00
6. County: WELD
7. Well Name: Crow Valley 7-62-32 Well Number: 1H
8. Location: QtrQtr: SESE Section: 32 Township: 7N Range: 62W Meridian: 6
Footage at surface: Distance: 465 feet Direction: FSL Distance: 465 feet Direction: FEL
As Drilled Latitude: 40.524436 As Drilled Longitude: -104.338666

GPS Data:

Date of Measurement: 03/26/2012 PDOP Reading: 1.9 GPS Instrument Operator's Name: Allen Blattel

** If directional footage at Top of Prod. Zone Dist.: 1000 feet. Direction: FSL Dist.: 1092 feet. Direction: FEL

Sec: 32 Twp: 7N Rng: 62W

** If directional footage at Bottom Hole Dist.: 508 feet. Direction: FNL Dist.: 457 feet. Direction: FWL

Sec: 32 Twp: 7N Rng: 62W

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) 07/05/2011 13. Date TD: 08/16/2011 14. Date Casing Set or D&A: 08/23/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12391 TVD** 6730 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4914 KB 4944

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:

Segmented Bond Log Cement Map
Triple Combo
Mudlog

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	24	20	133	30	90		30	90	VISU
SURF	17+1/2	13+3/8	54.5	30	767	402	30	767	VISU
1ST	12+1/4	9+5/8	40	30	6,884	1,427	30	6,884	CALC
1ST LINER	8+3/4	7	26	6506	7,040	30	6,910	7,040	CALC
2ND LINER	6	4+1/2	11.6	6955	12,387	350	6,910	12,387	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: 08/11/2011

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	
PARKMAN	3,558	4,388	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,388	5,022	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,022	6,720	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,720	7,036	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,036		<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: Erin Bibeau

Title: Regulatory Compliance Rep Date: _____ Email: ebibeau@marathonoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400264559	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400264556	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400245895	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245897	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245901	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400245988	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264555	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400266879	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400267282	WELL LOCATION PLAT	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)