

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:

400274449

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 RD  
City: HOUSTON State: TX Zip: 77056  
4. Contact Name: Erin Bibeau  
Phone: (970) 4197816  
Fax: (970) 4939219

5. API Number 05-123-33808-00  
6. County: WELD  
7. Well Name: OWL CREEK 8-64-30 Well Number: 1H  
8. Location: QtrQtr: Lot 1 Section: 30 Township: 8N Range: 64W Meridian: 6  
Footage at surface: Distance: 951 feet Direction: FNL Distance: 500 feet Direction: FWL  
As Drilled Latitude: 40.635535 As Drilled Longitude: -104.599613

GPS Data:

Data of Measurement: 12/12/2011 PDOP Reading: 3.9 GPS Instrument Operator's Name: Allen Blattel

\*\* If directional footage at Top of Prod. Zone Dist.: 1390 feet. Direction: FNL Dist.: 1048 feet. Direction: FWL  
Sec: 30 Twp: 8 Rng: 64

\*\* If directional footage at Bottom Hole Dist.: 630 feet. Direction: FSL Dist.: 635 feet. Direction: FEL  
Sec: 30 Twp: 8 Rng: 64

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) 11/14/2011 13. Date TD: 11/28/2011 14. Date Casing Set or D&A: 12/02/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 12450 TVD\*\* 7203 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5005 KB 5036

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:

Triple combination, cement bond log, mudlog-vertical, mudlog-horizontal

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	20	16	84	30	90		31	90	
SURF	12+1/4	9+5/8	40	31	1,005	339	31	1,006	
1ST	8+3/4	7	26	30	7,692	754	31	7,690	
1ST LINER	6	4+1/2	11.6	7526	12,445	333	7,526	12,445	

**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	
PARKMAN	3,986	4,726	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,726	5,377	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,377	5,898	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,898	7,071	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	7,071	7,157	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,157		<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 ?	
<b>Attachment Checklist</b>			
400277860	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400277455	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"/>
<b>Other Attachments</b>			
400274456	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274470	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274472	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274485	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400277453	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400277457	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400278540	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)