

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:  
400268296

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 05-123-33295-00  
6. County: WELD  
7. Well Name: FRENCH LAKE 4-63-36 Well Number: 1H  
8. Location: QtrQtr: SWSW Section: 36 Township: 4N Range: 63W Meridian: 6  
Footage at surface: Distance: 470 feet Direction: FSL Distance: 986 feet Direction: FWL  
As Drilled Latitude: 40.262505 As Drilled Longitude: -104.392058

GPS Data:

Data of Measurement: 10/11/2011 PDOP Reading: 2.1 GPS Instrument Operator's Name: Allen Blattel

\*\* If directional footage at Top of Prod. Zone Dist.: 1145 feet. Direction: FSL Dist.: 1146 feet. Direction: FWL  
Sec: 36 Twp: 4 Rng: 63

\*\* If directional footage at Bottom Hole Dist.: 481 feet. Direction: FNL Dist.: 2223 feet. Direction: FWL  
Sec: 36 Twp: 4 Rng: 63

9. Field Name: WATTENBERG 10. Field Number: 90750  
11. Federal, Indian or State Lease Number: 1210.10

12. Spud Date: (when the 1st bit hit the dirt) 09/17/2011 13. Date TD: 09/28/2011 14. Date Casing Set or D&A: 10/02/2011

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10665 TVD\*\* 6410 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 4710 KB 4740

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:

Mudlogs, cement bond log, triple combinations

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	169	30	90				
SURF	12+1/4	9+5/8	40	29	676	253	30	676	
1ST	8+3/4	7	26	30	6,934	689	30	6,934	
1ST LINER	6	4+1/2	11.6	6763	10,662	275	6,772	10,662	

**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	
SUSSEX	4,097	4,986	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,986	5,534	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,534	6,260	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,260	6,507	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,507		<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>			
400277817	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400268298	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>			
400268297	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400268314	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400268319	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400268321	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400268327	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400277821	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400297440	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)