

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:

400274743

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

4. Contact Name: Erin Bibeau

2. Name of Operator: MARATHON OIL COMPANY

Phone: (970) 4197816

3. Address: 5555 SAN FELIPE RD

Fax: (970) 4939219

City: HOUSTON State: TX Zip: 77056

5. API Number 05-069-06438-00

6. County: LARIMER

7. Well Name: RAWHIDE FLATS 10-68-19

Well Number: 1H

8. Location: QtrQtr: NENE Section: 19 Township: 10N Range: 68W Meridian: 6

Footage at surface: Distance: 749 feet Direction: FNL Distance: 1288 feet Direction: FEL

As Drilled Latitude: 40.824976 As Drilled Longitude: -105.043189

GPS Data:

Data of Measurement: 03/14/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Allen Blattel

\*\* If directional footage at Top of Prod. Zone Dist.: 1715 feet. Direction: FNL Dist.: 1310 feet. Direction: FEL

Sec: 19 Twp: 10 Rng: 68

\*\* If directional footage at Bottom Hole Dist.: 644 feet. Direction: FSL Dist.: 1311 feet. Direction: FEL

Sec: 19 Twp: 10 Rng: 68

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) 03/24/2012 13. Date TD: 03/05/2012 14. Date Casing Set or D&A: 03/07/2012

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8400 TVD\*\* 4585 17 Plug Back Total Depth MD 5352 TVD\*\* 4779

18. Elevations GR 5591 KB 5616

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:

Cement Bond Log, Mudlog-vertical, Mudlog-Horizontal, Triple Combination

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	25	98	70	25	98	
SURF	12+1/4	9+5/8	40	24	1,238	416	25	1,238	
1ST	8+3/4	7	32	24	5,420	1,051	25	5,420	
1ST LINER	6	4+1/2	11.6	5351	8,395				

### 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	1,660	2,330	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	2,332	3,059	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	3,059	4,608	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	4,608	4,952	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	4,952		<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 ?
<u>Attachment Checklist</u>		
400277837	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400293496	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"/>
<u>Other Attachments</u>		
400274746	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400274749	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400274755	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400274757	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400277843	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400293497	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400297459	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)