

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



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Document Number:
400303085

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 05-123-35322-00 6. County: WELD
 7. Well Name: Crow Valley 7-62-22 Well Number: 2H
 8. Location: QtrQtr: SESW Section: 22 Township: 7N Range: 62W Meridian: 6
 Footage at surface: Distance: 320 feet Direction: FSL Distance: 1911 feet Direction: FWL
 As Drilled Latitude: 40.553273 As Drilled Longitude: -104.310665

GPS Data:

Date of Measurement: 05/31/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: Lauren Vance

** If directional footage at Top of Prod. Zone Dist.: 1235 feet. Direction: FSL Dist.: 1923 feet. Direction: FWL

Sec: 22 Twp: 7N Rng: 62W

** If directional footage at Bottom Hole Dist.: 1389 feet. Direction: FSL Dist.: 1932 feet. Direction: FWL

Sec: 22 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) 05/03/2012 13. Date TD: 05/07/2012 14. Date Casing Set or D&A: 05/07/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7372 TVD** 6638 17 Plug Back Total Depth MD 6750 TVD** 6141

18. Elevations GR 4917 KB 4942

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:

Mud logs, cement bond, tripple 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	90		25	90	
SURF	12+1/4	9+5/8	40	25	711	337	25	711	
1ST	8+3/4	7	26	25	7,203	718	25	7,203	

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	
SHARON SPRINGS	6,476	6,612	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,612		<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>			
400304675	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400304678	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>			
400305219	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305930	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305931	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306658	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306659	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306660	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400308148	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)