

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:
400302956

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 05-123-35246-00
6. County: WELD
7. Well Name: Crow Valley 7-62-24 Well Number: 2H
8. Location: QtrQtr: NENW Section: 24 Township: 7N Range: 62W Meridian: 6
Footage at surface: Distance: 349 feet Direction: FNL Distance: 2069 feet Direction: FWL
As Drilled Latitude: 40.566060 As Drilled Longitude: -104.271719

GPS Data:

Data of Measurement: 06/18/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Lauren Vance

** If directional footage at Top of Prod. Zone Dist.: 1247 feet. Direction: FNL Dist.: 1986 feet. Direction: FWL
Sec: 24 Twp: 7N Rng: 62W

** If directional footage at Bottom Hole Dist.: 485 feet. Direction: FSL Dist.: 1943 feet. Direction: FWL
Sec: 25 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) 05/25/2012 13. Date TD: 06/06/2012 14. Date Casing Set or D&A: 06/04/2012

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 15885 TVD** 6553 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4868 KB 4899

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	118	31	80		31	80	
SURF	12+1/4	9+5/8	40	31	725	349	31	725	
1ST	8+3/4	7	32	31	7,072	705	31	7,072	
1ST LINER	6	4+1/2	11.6	6881	15,855				

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	
PARKMAN	3,447	4,217	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,217	5,051	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,051	5,604	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,604	6,389	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,389		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,534		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is awaiting completion.

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			
400304665	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400304666	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			
400305216	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305925	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305926	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306590	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306600	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306603	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306605	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307794	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)