

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:  
400302933

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: Tiffany Stebbins  
Phone: (307) 5272223  
Fax: (307) 5273280

5. API Number 05-123-35543-00  
6. County: WELD  
7. Well Name: Crow Valley 6-61-16 Well Number: 4H  
8. Location: QtrQtr: SWSW Section: 16 Township: 6N Range: 61W Meridian: 6  
Footage at surface: Distance: 629 feet Direction: FSL Distance: 740 feet Direction: FWL  
As Drilled Latitude: 40.482595 As Drilled Longitude: -104.221018

GPS Data:

Data of Measurement: 05/16/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Lauren Vance

\*\* If directional footage at Top of Prod. Zone Dist.: 704 feet. Direction: FSL Dist.: 1656 feet. Direction: FWL

Sec: 16 Twp: 6N Rng: 61W

\*\* If directional footage at Bottom Hole Dist.: 636 feet. Direction: FSL Dist.: 500 feet. Direction: FEL

Sec: 16 Twp: 6N Rng: 61W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: 1179.10

12. Spud Date: (when the 1st bit hit the dirt) 05/31/2012 13. Date TD: 06/10/2012 14. Date Casing Set or D&A: 06/11/2012

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 10000 TVD\*\* 6214 17 Plug Back Total Depth MD 10000 TVD\*\* 6214

18. Elevations GR 4677 KB 4702

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 log, cement log, 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	90		25	90	
SURF	12+1/4	9+5/8	40	25	715	337	25	715	
1ST	8+3/4	7	32	25	6,799	810	25	6,799	
1ST LINER	6	4+1/2	11.6	6622	9,995				

**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	6,084	6,239	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,239		<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: Tiffany Stebbins

Title: Regulatory Compliance Rep Date: \_\_\_\_\_ Email: tastebbins@marathonoil.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400304661	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400304663	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><u>Other Attachments</u></b>			
400305215	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305921	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305922	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306629	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306631	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400306634	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400307791	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400324713	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)