

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:

400249064

Date Received:

02/10/2012

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: 10347 4. Contact Name: Christi Scritchfield
 2. Name of Operator: CONTINENTAL RESOURCES INC Phone: (580) 233-8955
 3. Address: PO BOX 269091 Fax: (508) 548-5293
 City: OKLAHOMA CITY State: OK Zip: 73102

5. API Number 05-123-33692-01 6. County: WELD
 7. Well Name: Marconi Well Number: 1-1H
 8. Location: QtrQtr: Lot 1 Section: 1 Township: 7N Range: 62W Meridian: 6
 Footage at surface: Distance: 504 feet Direction: FNL Distance: 660 feet Direction: FEL
 As Drilled Latitude: 40.609042 As Drilled Longitude: -104.261411

GPS Data:
Data of Measurement: 01/03/2012 PDOP Reading: 1.3 GPS Instrument Operator's Name: B. Albrandt

** If directional footage at Top of Prod. Zone Dist.: 776 feet. Direction: FNL Dist.: 673 feet. Direction: FEL
 Sec: 1 Twp: 7N Rng: 62W
 ** If directional footage at Bottom Hole Dist.: 521 feet. Direction: FSL Dist.: 794 feet. Direction: FEL
 Sec: 12 Twp: 7N Rng: 62W

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

12. Spud Date: (when the 1st bit hit the dirt) 08/30/2011 13. Date TD: 09/29/2011 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 15909 TVD** 6548 17 Plug Back Total Depth MD 15739 TVD** 6549

18. Elevations GR 4917 KB 4929 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:
Triple Combo, Mud Logs and CBL

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	50	0	60	6	0	60	CALC
SURF	13+1/2	9+5/8	36	0	557	255	0	557	VISU
1ST	8+3/4	7	26	0	6,943	730	1,700	6,943	CBL
1ST LINER	6	4+1/2	11.6	6943	15,739				

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	6,419		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,470		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

I will forward the electronic CBL and mail the paper copies of all logs as soon as we receive them.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Christi Scritchfield

Title: Regulatory Compliance Date: 2/10/2012 Email: christiscritchfield@contres.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400249391	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400249170	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>			
400249064	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249178	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400249214	PDF-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400295054	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Received directional template.	6/13/2012 8:01:40 AM
Permit	On hold - Wating for directional template.	3/2/2012 9:41:34 AM
Permit	Recieved hadr copy logs. Requested an MWD log.	3/2/2012 8:48:06 AM
Permit	Waiting on all hard copy logs	2/15/2012 12:35:21 PM

Total: 4 comment(s)