

FORM
5

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400249064

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 1032

Fax: (508) 548-5293

City: ENID State: OK Zip: 73703

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: 10/06/2011

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 TVD** 0

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		16		0	60	6			
SURF		9+5/8		0	557	255			
1ST		7		0	6,943	730	1,700		
1ST LINER		4+1/2		6943	15,739				

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	
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: _____ 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>					
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"/>

General Comments

User Group Comment Comment Date

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Total: 0 comment(s)