

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:
400274536

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 05-123-33453-00
6. County: WELD
7. Well Name: FRENCH LAKE 3-62-6 Well Number: 1H
8. Location: QtrQtr: SWSW Section: 6 Township: 3N Range: 62W Meridian: 6
Footage at surface: Distance: 699 feet Direction: FSL Distance: 460 feet Direction: FWL
As Drilled Latitude: 40.248585 As Drilled Longitude: -104.374657

GPS Data:
Date of Measurement: 01/21/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Allen Blattel

** If directional footage at Top of Prod. Zone Dist.: 1459 feet. Direction: FSL Dist.: 628 feet. Direction: FWL
Sec: 6 Twp: 3 Rng: 62
** If directional footage at Bottom Hole Dist.: 512 feet. Direction: FNL Dist.: 1084 feet. Direction: FWL
Sec: 6 Twp: 3 Rng: 62

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 1229.10

12. Spud Date: (when the 1st bit hit the dirt) 12/31/2011 13. Date TD: 01/13/2012 14. Date Casing Set or D&A: 01/15/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10215 TVD** 6430 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4705 KB 4736
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:
Caliper, mudlog-vertical, mudlog-horizontal, triple combination, cement bond log

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	24	16	118	31	90		31	90	
SURF	14+3/4	9+5/8	40	31	721	232	31	721	
1ST	8+3/4	7	32	31	6,933	684	31	6,933	
1ST LINER	6	4+1/2	11.6	6769	10,215	204		10,215	

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	
PARKMAN	3,348	4,042	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,042	4,977	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,977	5,487	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,487	6,118	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,118		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,257		<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 ?	
Attachment Checklist			
400277933	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400277602	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			
400274537	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274538	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274613	LAS-CALIPER	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274615	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400274617	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400277601	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400277603	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400284363	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)