

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:
400274805

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 05-123-34928-00
6. County: WELD
7. Well Name: Crow Valley 7-62-26 Well Number: 2H
8. Location: QtrQtr: NENW Section: 35 Township: 7N Range: 62W Meridian: 6
Footage at surface: Distance: 342 feet Direction: FNL Distance: 1820 feet Direction: FWL
As Drilled Latitude: 40.537107 As Drilled Longitude: -104.292144

GPS Data:
Date of Measurement: 03/19/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Allen Blattel

** If directional footage at Top of Prod. Zone Dist.: 478 feet. Direction: FSL Dist.: 1820 feet. Direction: FWL
Sec: 26 Twp: 7 Rng: 62

** If directional footage at Bottom Hole Dist.: 502 feet. Direction: FNL Dist.: 1975 feet. Direction: FWL
Sec: 26 Twp: 7 Rng: 62

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number: 1243.10

12. Spud Date: (when the 1st bit hit the dirt) 02/14/2012 13. Date TD: 02/27/2012 14. Date Casing Set or D&A:

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

16. Total Depth MD 11321 TVD** 6504 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4807 KB 4838
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:
Cement bond log, triple combination, mudlog-vertical, mudlog-horizontal

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 | 101 | | 31 | 101 | |
| SURF | 12+1/4 | 9+5/8 | 40 | 31 | 711 | 362 | 31 | 711 | |
| 1ST | 8+3/4 | 7 | 32 | 31 | 6,987 | 804 | 31 | 6,987 | |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 6799 | 11,315 | | | | |

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 | 3,405 | 4,151 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,151 | 4,965 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 4,965 | 5,567 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIERRE | 5,567 | 6,331 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 6,331 | 6,449 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,449 | | <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 | | | |
| 400277996 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400277993 | 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 | | | |
| 400274819 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400274823 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400274824 | LAS-MUD | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400274825 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400277995 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400278933 | 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)