

**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:

400274517

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

4. Contact Name: Erin Bibeau

2. Name of Operator: MARATHON OIL COMPANY

Phone: (970) 4197816

3. Address: 5555 SAN FELIPE RD

Fax: (970) 4939219

City: HOUSTON State: TX Zip: 77056

5. API Number 05-123-33889-00

6. County: WELD

7. Well Name: TSUBAKI HILLS

Well Number: 8-62-34 4H

8. Location: QtrQtr: SESE Section: 34 Township: 8N Range: 62W Meridian: 6

Footage at surface: Distance: 290 feet Direction: FSL Distance: 660 feet Direction: FEL

As Drilled Latitude: 40.611132 As Drilled Longitude: -104.299741

GPS Data:

Data of Measurement: 01/21/2012 PDOP Reading: 1.5 GPS Instrument Operator's Name: Allen Blattel

** If directional footage at Top of Prod. Zone Dist.: 814 feet. Direction: FSL Dist.: 679 feet. Direction: FEL

Sec: 34 Twp: 8 Rng: 62

** If directional footage at Bottom Hole Dist.: 627 feet. Direction: FNL Dist.: 689 feet. Direction: FEL

Sec: 34 Twp: 8 Rng: 62

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/08/2011 13. Date TD: 12/22/2011 14. Date Casing Set or D&A: 12/24/2011

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10993 TVD** 6622 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4877 KB 4908

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, mudlog-vertical, mudlog-horizontal, 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 | 30 | 90 | | 30 | 90 | VISU |
| SURF | 12+1/4 | 9+5/8 | 40 | 30 | 1,116 | 380 | 30 | 1,116 | VISU |
| 1ST | 8+3/4 | 7 | 26 | 30 | 7,019 | 683 | 30 | 7,019 | VISU |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 6864 | 10,991 | 250 | 6,864 | 10,991 | CALC |

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 | 3,479 | 4,350 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,350 | 5,057 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,057 | 5,662 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIERRE | 5,662 | 6,424 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 6,424 | 6,529 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,529 | | <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 ? |
|------------------------------------|------------------------|---|
| <u>Attachment Checklist</u> | | |
| 400277774 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400277598 | 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> | | |
| 400274520 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400274521 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400274525 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400274526 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400275811 | WELLBORE DIAGRAM | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400277599 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400297449 | 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)