

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  
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 05-123-33889-00  
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:

Date 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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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)