

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:

400293682

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 05-123-35199-00

6. County: WELD

7. Well Name: Crow Valley 7-62-27

Well Number: 2H

8. Location: QtrQtr: NENW Section: 34 Township: 7N Range: 62W Meridian: 6

Footage at surface: Distance: 468 feet Direction: FNL Distance: 1836 feet Direction: FWL

As Drilled Latitude: 40.536682 As Drilled Longitude: -104.311097

GPS Data:

Data of Measurement: 04/16/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Lauren Vance

** If directional footage at Top of Prod. Zone Dist.: 488 feet. Direction: FSL Dist.: 1829 feet. Direction: FWL

Sec: 27 Twp: 7 Rng: 62

** If directional footage at Bottom Hole Dist.: 490 feet. Direction: FNL Dist.: 2001 feet. Direction: FWL

Sec: 27 Twp: 7 Rng: 62

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 1244.10

12. Spud Date: (when the 1st bit hit the dirt) 03/21/2012 13. Date TD: 03/31/2012 14. Date Casing Set or D&A: 04/01/2012

15. Well Classification:

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

16. Total Depth MD 11549 TVD** 6638 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4915 KB 4946

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:

Mud Logs, Cement Bond, Tripple 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	118	31	100		31	100	
SURF	14+3/4	9+5/8	40	31	730	321	31	730	
1ST	6	7	32	31	7,219	714	31	7,219	
1ST LINER	8+3/4	4+1/2	15.1	31	7,080				
2ND LINER	5+1/2	4+1/2	11.6	7049	11,549				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	
SHANNON	5,120	5,748	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,748	6,641	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,641		<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>		
400297529	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400302697	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>		
400293949	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400293950	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400303258	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400303260	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400303294	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400303295	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400303298	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400303301	LAS-CEMENT BOND	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)