

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  
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 05-123-35199-00  
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:  
Date 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 ?	
<b>Attachment Checklist</b>			
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"/>
<b>Other Attachments</b>			
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)