

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:

400293877

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 05-123-35239-00

6. County: WELD

7. Well Name: Crow Valley 7-62-28

Well Number: 4H

8. Location: QtrQtr: SESE Section: 28 Township: 7N Range: 62W Meridian: 6

Footage at surface: Distance: 312 feet Direction: FSL Distance: 833 feet Direction: FEL

As Drilled Latitude: 40.538706 As Drilled Longitude: -104.320665

GPS Data:

Data of Measurement: 05/02/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: Lauren Vance

** If directional footage at Top of Prod. Zone Dist.: 1185 feet. Direction: FSL Dist.: 816 feet. Direction: FEL

Sec: 28 Twp: 7 Rng: 62

** If directional footage at Bottom Hole Dist.: 482 feet. Direction: FNL Dist.: 665 feet. Direction: FEL

Sec: 28 Twp: 7 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) 04/17/2012 13. Date TD: 04/25/2012 14. Date Casing Set or D&A: 04/26/2012

15. Well Classification:

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

16. Total Depth MD 10833 TVD** 6733 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4932 KB 4963

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 | 86 | | 31 | 86 | |
| SURF | 14+3/4 | 9+5/8 | 40 | 31 | 723 | 330 | 31 | 723 | |
| 1ST | 8+3/4 | 7 | 32 | 31 | 7,205 | 713 | 31 | 7,205 | |
| 1ST LINER | 6 | 4+1/2 | 11.6 | 7077 | 10,830 | | | | |

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 | |
| PARKMAN | 3,559 | 4,310 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SUSSEX | 4,310 | 5,115 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHANNON | 5,115 | 5,742 | <input type="checkbox"/> | <input type="checkbox"/> | |
| PIERRE | 5,742 | 6,549 | <input type="checkbox"/> | <input type="checkbox"/> | |
| SHARON SPRINGS | 6,549 | 6,712 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 6,712 | | <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> | | |
| 400297557 | CMT Summary * | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 400293882 | 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> | | |
| 400293883 | DIRECTIONAL DATA | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400295899 | WELL LOCATION PLAT | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400296907 | WELLBORE DIAGRAM | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400296908 | WELLBORE DIAGRAM | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400303307 | LAS-MUD | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400303310 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400303311 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 400303312 | 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)