

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:

400293890

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 05-123-35250-00
6. County: WELD
7. Well Name: Crow Valley 7-62-30 Well Number: 2H
8. Location: QtrQtr: SESW Section: 30 Township: 7N Range: 62W Meridian: 6
Footage at surface: Distance: 437 feet Direction: FSL Distance: 2137 feet Direction: FWL
As Drilled Latitude: 40.538783 As Drilled Longitude: -104.367166

GPS Data:
Date of Measurement: 05/31/2012 PDOP Reading: 1.6 GPS Instrument Operator's Name: Lauren Vance

** If directional footage at Top of Prod. Zone Dist.: 1266 feet. Direction: FSL Dist.: 2127 feet. Direction: FWL
Sec: 30 Twp: 7 Rng: 62

** If directional footage at Bottom Hole Dist.: 480 feet. Direction: FNL Dist.: 1944 feet. Direction: FWL
Sec: 30 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) 05/02/2012 13. Date TD: 05/18/2012 14. Date Casing Set or D&A:

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 10780 TVD** 6643 17 Plug Back Total Depth MD TVD**

18. Elevations GR 4811 KB 4842
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	101		31	101	
SURF	12+1/4	9+5/8	40	31	727	337	31	727	
1ST	8+3/4	7	32	31	7,197	710	31	7,197	
1ST LINER	6	4+1/2	11.6	3306	10,775				

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	3,500	4,316	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,316	5,061	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	5,061	5,674	<input type="checkbox"/>	<input type="checkbox"/>	
PIERRE	5,674	6,500	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	6,500	6,659	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,659		<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 ?	
Attachment Checklist			
400297567	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400293898	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"/>
Other Attachments			
400293897	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400296910	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400296911	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400297566	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400303319	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400303320	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400303327	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400303329	LAS-MUD	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)