

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:

400302933

Date Received:

09/11/2012

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: Tiffany Stebbins

2. Name of Operator: MARATHON OIL COMPANY

Phone: (307) 5272223

3. Address: 5555 SAN FELIPE RD

Fax: (307) 5273280

City: HOUSTON State: TX Zip: 77056

5. API Number 05-123-35543-00

6. County: WELD

7. Well Name: Crow Valley 6-61-16

Well Number: 4H

8. Location: QtrQtr: SWSW Section: 16 Township: 6N Range: 61W Meridian: 6

Footage at surface: Distance: 629 feet Direction: FSL Distance: 740 feet Direction: FWL

As Drilled Latitude: 40.482595 As Drilled Longitude: -104.221018

GPS Data:

Date of Measurement: 05/16/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: Lauren Vance

** If directional footage at Top of Prod. Zone Dist.: 704 feet. Direction: FSL Dist.: 1656 feet. Direction: FWL

Sec: 16 Twp: 6N Rng: 61W

** If directional footage at Bottom Hole Dist.: 636 feet. Direction: FSL Dist.: 500 feet. Direction: FEL

Sec: 16 Twp: 6N Rng: 61W

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 1179.10

12. Spud Date: (when the 1st bit hit the dirt) 05/31/2012 13. Date TD: 06/10/2012 14. Date Casing Set or D&A: 06/11/2012

15. Well Classification:

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

16. Total Depth MD 10000 TVD** 6214 17 Plug Back Total Depth MD 10000 TVD** 6214

18. Elevations GR 4677 KB 4702

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 log, cement log, 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	0	90		0	90	CALC
SURF	12+1/4	9+5/8	40	0	715	337	0	715	CALC
1ST	8+3/4	7	32	0	6,799	810	2,160	6,799	CBL
1ST LINER	6	4+1/2	11.6	6622	9,995				

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	
SHARON SPRINGS	6,084	6,239	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,239		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This well is awaiting completion.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Tiffany Stebbins

Title: Regulatory Compliance Rep Date: 9/11/2012 Email: tastebbins@marathonoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?
<u>Attachment Checklist</u>		
400304661	CMT Summary *	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
400304663	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>		
400302933	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400305215	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400305921	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400305922	WELLBORE DIAGRAM	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400306629	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400306631	LAS-MUD	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400306634	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400307791	WELL LOCATION PLAT	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
400324713	LAS-TRIPLE COMBINATION	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)