

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400264367

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

Fax: (970) 4939219

City: HOUSTON State: TX Zip: 77056

5. API Number 05-069-06435-00

6. County: LARIMER

7. Well Name: Rawhide Flats 10-68-16

Well Number: 1M

8. Location: QtrQtr: NWSE Section: 16 Township: 10N Range: 68W Meridian: 6

Footage at surface: Distance: 2622 feet Direction: FSL Distance: 2151 feet Direction: FEL

As Drilled Latitude: 40.834102 As Drilled Longitude: -105.008026

GPS Data:

Date of Measurement: 03/26/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: Allen Blattel

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number: 1137.1

12. Spud Date: (when the 1st bit hit the dirt) 08/28/2011 13. Date TD: 09/05/2011 14. Date Casing Set or D&A: 09/11/2011

15. Well Classification:

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

16. Total Depth MD 6765 TVD** 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5578 KB 5608

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:

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	11		30	90		30	90	
SURF	12+1/4	8+5/8	32	30	1,240	400	30	1,240	
1ST	7+7/8	5+1/2	20	30	6,754	1,013	30	6,754	

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/pref 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	1,977	2,803	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	2,803	5,585	<input type="checkbox"/>	<input type="checkbox"/>	
SHARON SPRINGS	5,585	5,704	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,704	5,957	<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	5,957	5,973	<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	5,973	6,274	<input type="checkbox"/>	<input type="checkbox"/>	
GRANEROS	6,274	6,464	<input type="checkbox"/>	<input type="checkbox"/>	
MOWRY	6,464	6,531	<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	6,531	6,617	<input type="checkbox"/>	<input type="checkbox"/>	
SKULL CREEK	6,617		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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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>					
400264415	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400264416	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>					
400268263	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400268267	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400268270	LAS-SONIC	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400268271	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400268288	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400269810	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)