



01464393

FORM 4 Rev 12/05

Page 1

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax:(303)694-2109



RECEIVED FEB 03 2009 COGCC

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 53650
2. Name of Operator: Marathon Oil Company
3. Address: 5555 San Felipe ; Mailstop 33:06
4. Contact Name: Anna Walls
5. API Number
6. Well/Facility Name H&P Camp 324, Pad 596-35D
7. Well/Facility Number
8. Location (Qtr/qr, Sec, Twp, Rng, Meridian): Section 35, T5S, R96W, 6th P.M.
9. County: Garfield
10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number:

Complete the Attachment Checklist OP OGCC

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qr is substantive and requires a new permit)
Change of Surface Footage from Exterior Section Lines:
Change of Surface Footage to Exterior Section Lines:
Change of Bottomhole Footage from Exterior Section Lines:
Change of Bottomhole Footage to Exterior Section Lines:
Bottomhole location Qtr/qr, Sec, Twp, Rng, Mer
Latitude
Longitude
Ground Elevation
Distance to nearest property line
Distance to nearest lease line
Distance to nearest well same formation
Distance to nearest bldg, public rd, utility or RR
Is location in a High Density Area (rule 603b)?
Surface owner consultation date:

GPS DATA:
Date of Measurement
PDOP Reading
Instrument Operator's Name

CHANGE SPACING UNIT
Formation
Formation Code
Spacing order number
Unit Acreage
Unit configuration
Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
Effective Date:
Plugging Bond: Blanket Individual
CHANGE WELL NAME
From:
To:
Effective Date:
NUMBER

ABANDONED LOCATION:
Was location ever built?
Is site ready for inspection?
Date Ready for Inspection:
NOTICE OF CONTINUED SHUT IN STATUS
Date well shut in or temporarily abandoned:
Has Production Equipment been removed from site?
MIT required if shut in longer than two years. Date of last MIT

SPUD DATE:
REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK
Method used
Cementing tool setting/perf depth
Cement volume
Cement top
Cement bottom
Date
*submit cbl and cement job summaries

RECLAMATION:
Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately
Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date:
Report of Work Done
Date Work Completed:

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

Intent to Recomplete (submit form 2)
Change Drilling Plans
Gross Interval Changed?
Casing/Cementing Program Change
Request to Vent or Flare
Repair Well
Rule 502 variance requested
Other: Utilize reuse water during Operations for Spills and Releases
E&P Waste Disposal
Beneficial Reuse of E&P Waste
Status Update/Change of Remediation Plans

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

Signed: Anna Walls
Date: 1/12/09
Email: awalls@marathonoil.com
Print Name: Anna Walls
Title: Regulatory Compliance Tech

COGCC Approved: Debbie Baldwin
Title: Enviro Manager
Date: 2/19/09
CONDITIONS OF APPROVAL, IF ANY:

1. wastewater treatment system shall be operated in accordance with GARCO ISDS Permit. PROVIDE PERMIT NUMBER TO COGCC.

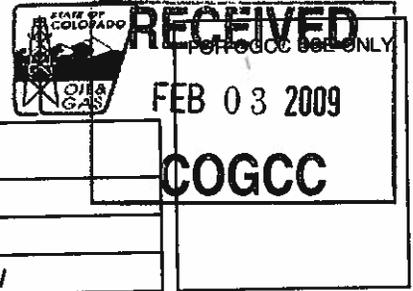
2. treatment system effluent shall not be used for drilling or completing the surface casing borehole.

3. if there is an exceedence of effluent quality limits, the operator shall immediately cease using the effluent for O&G operations, and notify the COGCC in writing using Form 4.

4. submit Form 4 to notify the COGCC when treatment system is moved to a different man camp/well pad. Attach copy of new GARCO ISDS permit, including modification to system, and list wells in which the production hole portions of the wells may be drilled using treatment system effluent

FORM
4
Rev 12/05

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 53650 API Number: _____

2. Name of Operator: Marathon Oil Company OGCC Facility ID # _____

3. Well/Facility Name: H&P Camp 324, Pad 596-35D Well/Facility Number: _____

4. Location (QtrQtr, Sec, Twp, Rng, Meridian): _____ Sec. 35, T05S, 96W

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Marathon Oil Company has applied for an ISDS Reuse Permit from Garfield County. This permit applies to Parcel No. 217105200002 (Well Pad 596-35D), 635.16 acres, Section 35, T5S, R96W, 6th P.M.

Marathon requests permission to utilize reuse water during production and drilling operations. Marathon intends to remain in compliance at all times with COGCC Regulations during the interim of water usage.