

FORM
2
Rev
12/05

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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APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL
OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

Document Number:
400040942
Plugging Bond Surety
19880020

3. Name of Operator: MARATHON OIL COMPANY 4. COGCC Operator Number: 53650

5. Address: 5555 SAN FELIPE
City: HOUSTON State: TX Zip: 77056

6. Contact Name: Anna Walls Phone: (713)296-3468 Fax: (713)513-4394
Email: avwalls@marathonoil.com

7. Well Name: 697-26A Well Number: 25

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 9300

WELL LOCATION INFORMATION

10. QtrQtr: NWNE Sec: 26 Twp: 6S Rng: 97W Meridian: 6
Latitude: 39.498790 Longitude: -108.183000

Footage at Surface: 894 FNL 1395 FEL
FNL/FSL FEL/FWL

11. Field Name: Grand Valley Field Number: 31290

12. Ground Elevation: 8415.6 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 02/12/2010 PDOP Reading: 2.0 Instrument Operator's Name: William H Dolinar

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
1477 FNL 660 FEL 1477 FNL 660 FEL
Sec: 26 Twp: 6S Rng: 97W Sec: 26 Twp: 6S Rng: 97W

16. Is location in a high density area? (Rule 603b)? Yes No
17. Distance to the nearest building, public road, above ground utility or railroad: 883 ft
18. Distance to nearest property line: 894 ft 19. Distance to nearest well permitted/completed in the same formation: 638 ft

LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Williams Fork	WMFK	510-21		

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
See Attached Sheet

25. Distance to Nearest Mineral Lease Line: 4620 ft 26. Total Acres in Lease: 7393

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	20	16	53	100	100	100	0
SURF	14+3/4	9+5/8	36	2,000	1,000	2,000	0
1ST	8+3/4	4+1/2	11.6	9,300	675	9,300	5,500

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments Surface owned by: Puckett Minerals owned by: Puckett No visible improvements w/in 400' of wellhead.

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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

Signed: _____ Print Name: Anna Walls

Title: Regulatory Compliance Rep Date: _____ Email: awwalls@marathonoil.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER	Permit Number: _____	Expiration Date: _____
05	CONDITIONS OF APPROVAL, IF ANY:	

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400041254	PLAT	697-26A-25 Plat.PDF
400041255	DEVIATED DRILLING PLAN	697-26A-25 Deviated Drilling Plan 1.pdf
400041256	30 DAY NOTICE LETTER	697-26A 30 Day Notice Letter.PDF
400041257	MINERAL LEASE MAP	Mineral Lease Map.pdf.PDF

Total Attach: 4 Files