

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



DE ET OE ES

DRILLING COMPLETION REPORT

Document Number:

2555292

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: ANNA WALLS
2. Name of Operator: MARATHON OIL COMPANY Phone: (713) 296-3468
3. Address: 5555 SAN FELIPE Fax: (713) 513-4394
City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-19225-00 6. County: GARFIELD
7. Well Name: 697-26A Well Number: 14
8. Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6
Footage at surface: Distance: 859 feet Direction: FNL Distance: 1424 feet Direction: FEL
As Drilled Latitude: 39.498880 As Drilled Longitude: -108.183100

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: _____ feet Direction: _____ Distance: _____ feet Direction: _____
Sec: _____ Twp: _____ Rng: _____
at Bottom Hole Distance: 1148 feet Direction: FNL Distance: 2071 feet Direction: FEL
Sec: 26 Twp: 06S Rng: 97W

9. Field Name: GRAND VALLEY 10. Field Number: 31290

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/10/2010 13. Date TD: 05/30/2010 14. Date Casing Set or D&A: 05/31/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 9010 TVD 8977 17 Plug Back Total Depth MD 8902 TVD 8870

18. Elevations GR 8400 KB 8424

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:

CBL (3); mud; comp-neutron/gamma-ray;

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	140		0	140	VISU
SURF	14+3/4	9+5/8	36	0	2,187	1,813	0	2,187	VISU
1ST	8+3/4	4+1/2	11.6	0	8,970	904	5,425	8,970	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
			<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: ANNA WALLS

Title: REG. COMPLIANCE TECH Date: 6/3/2010 Email: AVWALLS@MARATHONOIL.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 2/7/2011

Attachment Check List

Att Doc Num	Name
2555290	DIRECTIONAL SURVEY
2555291	CEMENT JOB SUMMARY
2555292	FORM 5 SUBMITTED

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)