

**FORM
5**Rev
02/08State 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

Document Number:

400096262

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: 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 05-045-18089-00

6. County: GARFIELD

7. Well Name: 596-30A

Well Number: 27

8. Location: QtrQtr: NESW Section: 29 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 1762 feet Direction: FSL Distance: 1403 feet Direction: FWL

As Drilled Latitude: 39.583710 As Drilled Longitude: -108.197210

GPS Data:

Data of Measurement: 12/01/2009 PDOP Reading: 1.8 GPS Instrument Operator's Name: Adam Harmon

** If directional footage at Top of Prod. Zone Dist.: 2086 feet. Direction: FNL Dist.: 581 feet. Direction: FEL

Sec: 30 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 2127 feet. Direction: FNL Dist.: 653 feet. Direction: FEL

Sec: 30 Twp: 5S Rng: 96W

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) 09/16/2009 13. Date TD: 10/09/2009 14. Date Casing Set or D&A: 10/14/2009

15. Well Classification:

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

16. Total Depth MD 10251 TVD** 9747 17 Plug Back Total Depth MD 10138 TVD** 9634

18. Elevations GR 8180 KB 8204

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:

Bond, Mud, Neutron

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	65	0	140			140	CALC
SURF	14+3/4	9+5/8	36	0	2,314	1,497		2,314	CBL
1ST	8+3/4	4+1/2	11.6	0	10,206	904	4,520	10,206	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	
WASATCH	4,990		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,345		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,930		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,530		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,138		<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: Regulatory Compliance Rep Date: 9/30/2010 Email: avwalls@marathonoil.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
	CMT Summary *	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400096262	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400096299	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added casing tops as 0 from wbd Directional report and cement ticket submitted with preliminary form	12/2/2010 11:12:13 AM

Total: 1 comment(s)