


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  400097567	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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    05-045-18091-00		6. County:    GARFIELD					
7. Well Name:    596-29A		Well Number:    18					
8. Location:    QtrQtr:    NESW    Section:    29    Township:    5S    Range:    96W    Meridian:    6							
Footage at surface:    Distance:    1764    feet    Direction:    FSL    Distance:    1440    feet    Direction:    FWL							
As Drilled Latitude:    39.583720	As Drilled Longitude:    -108.197080						
GPS Data:							
Data of Measurement:    12/01/2009    PDOP Reading:    1.7    GPS Instrument Operator's Name:    Adam Harmon							
** If directional footage at Top of Prod. Zone    Dist.:    2411    feet. Direction:    FNL    Dist.:    1932    feet. Direction:    FEL							
Sec:    29    Twp:    5S    Rng:    96W							
** If directional footage at Bottom Hole    Dist.:    2454    feet. Direction:    FNL    Dist.:    2013    feet. Direction:    FEL							
Sec:    29    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)    09/05/2009    13. Date TD:    11/10/2009    14. Date Casing Set or D&A:    11/11/2009							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    10400    TVD**    9976		17 Plug Back Total Depth    MD    10293    TVD**    9880					
18. Elevations    GR    8188    KB    8212		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:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### 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		0	141		0	141	CALC
SURF	14+3/4	9+5/8	36	0	2,300	1,512	0	2,300	CALC
1ST	8+3/4	4+1/2	11.6	0	10,360	904	3,450	10,360	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 G	5,043		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,375		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	7,010		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,612		<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: 10/5/2010 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>					
400097605	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	D/S doc#1299420 & cmt tkts submitted with Prelim 5 12/10/09	3/30/2011 11:23:01 AM

Total: 1 comment(s)