

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



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Document Number:
400097567

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 05-045-18091-00 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:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage 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: awalls@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"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
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)