

<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>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>			Document Number:  <div style="text-align: center; font-weight: bold;">400097609</div>				
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: <u>53650</u>		4. Contact Name: <u>Anna Walls</u>					
2. Name of Operator: <u>MARATHON OIL COMPANY</u>		Phone: <u>(713) 296-3468</u>					
3. Address: <u>5555 SAN FELIPE</u>		Fax: <u>(713) 513-4394</u>					
City: <u>HOUSTON</u> State: <u>TX</u> Zip: <u>77056</u>							
5. API Number <u>05-045-18087-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>596-29C</u>		Well Number: <u>21</u>					
8. Location: QtrQtr: <u>NESW</u> Section: <u>29</u> Township: <u>5S</u> Range: <u>96W</u> Meridian: <u>6</u>							
Footage at surface:    Distance: <u>1763</u> feet    Direction: <u>FSL</u>		Distance: <u>1425</u> feet    Direction: <u>FWL</u>					
As Drilled Latitude: <u>39.583720</u>		As Drilled Longitude: <u>-108.197130</u>					
GPS Data: Data of Measurement: <u>12/01/2009</u> PDOP Reading: <u>1.7</u> GPS Instrument Operator's Name: <u>Adam Harmon</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>2459</u> feet. Direction: <u>FSL</u> Dist.: <u>2036</u> feet. Direction: <u>FWL</u>					
Sec: <u>29</u> Twp: <u>5S</u> Rng: <u>96W</u>							
** If directional footage at Bottom Hole		Dist.: <u>2419</u> feet. Direction: <u>FSL</u> Dist.: <u>1952</u> feet. Direction: <u>FWL</u>					
Sec: <u>29</u> Twp: <u>5S</u> Rng: <u>96W</u>							
9. Field Name: <u>GRAND VALLEY</u>		10. Field Number: <u>31290</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>09/03/2009</u> 13. Date TD: <u>10/28/2009</u> 14. Date Casing Set or D&A: <u>10/29/2009</u>							
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 <u>9979</u> TVD** <u>9895</u>		17 Plug Back Total Depth    MD <u>9872</u> TVD** <u>9888</u>					
18. Elevations    GR <u>8180</u> KB <u>8204</u>		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: <u>Bond, Neutron, Mud</u>							
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	
SURF	14+3/4	9+5/8	36	0	2,216	1,139	0	2,216	CALC
1ST	8+3/4	4+1/2	11.6	0	9,939	904	3,076	9,939	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	4,740		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,072		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,614		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,234		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,759		<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>			
2072246	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2072247	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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>			
400097662	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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**General Comments**

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

Total: 0 comment(s)