


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		<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: 400097609	DE	ET	OE	ES
DE	ET	OE	ES				
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 <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 05-045-18087-00		6. County: GARFIELD					
7. Well Name: 596-29C		Well Number: 21					
8. Location: QtrQtr: NESW Section: 29 Township: 5S Range: 96W Meridian: 6							
Footage at surface: Distance: 1763 feet Direction: FSL Distance: 1425 feet Direction: FWL							
As Drilled Latitude: 39.583720	As Drilled Longitude: -108.197130						
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.: 2459 feet. Direction: FSL Dist.: 2036 feet. Direction: FWL					
Sec: 29		Twp: 5S Rng: 96W					
** If directional footage at Bottom Hole		Dist.: 2419 feet. Direction: FSL Dist.: 1952 feet. Direction: FWL					
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) 09/03/2009 13. Date TD: 10/28/2009 14. Date Casing Set or D&A: 10/29/2009							
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 9979 TVD** 9895		17 Plug Back Total Depth MD 9872 TVD** 9888					
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, Neutron, Mud							
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: avwalls@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"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

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

Total: 0 comment(s)