


<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:  400112050	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    05-045-17702-00		6. County:    GARFIELD					
7. Well Name:    596-20A		Well Number:    18					
8. Location:    QtrQtr:    NWSW    Section:    20    Township:    5S    Range:    96W    Meridian:    6							
Footage at surface:    Distance:    2082    feet    Direction:    FSL		Distance:    422    feet    Direction:    FWL					
As Drilled Latitude:    39.599070		As Drilled Longitude:    -108.200670					
GPS Data:							
Data of Measurement:    02/05/2009		PDOP Reading:    4.0    GPS Instrument Operator's Name:    Adam Harmon					
** If directional footage at Top of Prod. Zone		Dist.:    2400    feet. Direction:    FNL    Dist.:    2373    feet. Direction:    FEL					
Sec:    20    Twp:    5S    Rng:    96W							
** If directional footage at Bottom Hole		Dist.:    2441    feet. Direction:    FNL    Dist.:    2491    feet. Direction:    FEL					
Sec:    20    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)    07/13/2009    13. Date TD:    07/29/2009    14. Date Casing Set or D&A:    07/29/2009							
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    10653    TVD**    10100		17 Plug Back Total Depth    MD    10526    TVD**    9973					
18. Elevations    GR    8272    KB    8296		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, Sonic							
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	26	20		0	140		0	140	
SURF	14+3/4	9+5/8	36	0	2,285	1,693	0	2,285	CALC
1ST	8+3/4	4+1/2	11.6	0	10,591	904	3,600	10,591	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	5,248		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,568		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	7,255		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,973		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	10,389		<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: 11/30/2010 Email: avwalls@marathonoil.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400112195	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400112188	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>					
400112050	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

**General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	rec logs doc#32548927-30	4/18/2011 10:02:45 AM
Permit	req bond and sonic logs as reported	4/5/2011 12:18:35 PM

Total: 2 comment(s)