

FORM
5Rev
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



DE ET OE ES

Document Number:

2505692

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 05-045-14732-00

6. County: GARFIELD

7. Well Name: 596-33C

Well Number: 23

8. Location: QtrQtr: SWSW Section: 33 Township: 5S Range: 96W Meridian: 6

Footage at surface: Distance: 261 feet Direction: FSL Distance: 1308 feet Direction: FWL

As Drilled Latitude: 39.565110 As Drilled Longitude: -108.178840

GPS Data:

Date of Measurement: 04/02/2008 PDOP Reading: 1.9 GPS Instrument Operator's Name: BRIAN NASI

** If directional footage at Top of Prod. Zone Dist.: 1779 feet. Direction: FSL Dist.: 2030 feet. Direction: FWL

Sec: 33 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 1758 feet. Direction: FSL Dist.: 1960 feet. Direction: FWL

Sec: 33 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) 05/28/2008 13. Date TD: 09/20/2008 14. Date Casing Set or D&A: 09/22/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 10286 TVD** 10025 17 Plug Back Total Depth MD 10135 TVD** 9934

18. Elevations GR 8243 KB 8267

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:

DIGITAL ACOUSTILOG GAMMA RAY, RADIAL ANALYSIS BOND LONG, RESEVOIR PERFORMANCE MONITOR

20. Casing, Liner and Cement:

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 | | |
| SURF | 16 | 9+5/8 | | 0 | 2,956 | 1,624 | 0 | 2,956 | CALC |
| 1ST | 8+3/4 | 4+1/2 | | 0 | 10,268 | 831 | 2,110 | 10,268 | 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 | 4,982 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT UNION | 5,330 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| MESAVERDE | 6,919 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 9,551 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 10,093 | | <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: REG COMPLIANCE TECH Date: 7/6/2009 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> | | | | | |
| 2505692 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)