

FORM
5Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2007624

Date Received:

12/16/2008

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: (307) 587-4961

3. Address: 5555 SAN FELIPE RD

Fax: (307) 527-6510

City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-15720-00

6. County: GARFIELD

7. Well Name: 697-2A

Well Number: 23

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

Footage at surface: Distance: 193 feet Direction: FSL Distance: 1308 feet Direction: FWL

As Drilled Latitude: 39.564910 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.: 839 feet. Direction: FNL Dist.: 864 feet. Direction: FEL
Sec: 2 Twp: 6S Rng: 97W

** If directional footage at Bottom Hole Dist.: 839 feet. Direction: FNL Dist.: 864 feet. Direction: FEL
Sec: 2 Twp: 6S Rng: 97W

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) 06/30/2008 13. Date TD: 11/11/2008 14. Date Casing Set or D&A:

15. Well Classification:

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

16. Total Depth MD 7634 TVD** 17 Plug Back Total Depth MD TVD**

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:

CBL/GR/CCL,DIGITAL ACOUSTILOG COMPRESSIONAL WAVE SLOWNESS

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		CALC
SURF	16	9+5/8		0	2,848	1,176	0	2,848	CALC
OPEN HOLE	8+1/2			2848	7,634				

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
	OPEN HOLE	3,250	350	2,905	3,250

Details of work:

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	4,757		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,146		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,544		<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: Y _____

Print Name: ANNA WALLS _____

Title: REGULATORY _____

Date: 11/19/2008 _____

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"/>
1533712	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>					
1533713	OTHER 1	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)