

FORM  
5Rev  
10/14State of Colorado  
Oil and Gas Conservation Commission

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



Document Number:

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Date Received:

08/05/2008

## DRILLING COMPLETION REPORT

Per Rule 308A, this form and all required attachments shall be submitted after completing the drilling operations to drill, sidetrack, or deepen a wellbore and after changing the casing and/or cement configuration of a wellbore. If any attempt has been made to test, complete, or produce the well, the operator shall also submit a Form 5A (Completed Interval Report) per Rule 308B. If the well has been plugged, the operator shall also submit a Form 6 (Well Abandonment Report) per Rule 311.

Completion Type ☐ Final completion ☐ Preliminary completion

OGCC Operator Number: 53650 Contact Name: ANNA WALLS  
 Name of Operator: MARATHON OIL COMPANY Phone: (307) 587-4961  
 Address: 1501 STAMPEDE AVE Fax: (307) 527-6510  
 City: CODY State: WY Zip: 82414-472 Email: \_\_\_\_\_

API Number 05-045-15036-00 County: GARFIELD  
 Well Name: 697-12A Well Number: 21  
 Location: QtrQtr: SWNE Section: 12 Township: 6S Range: 97W Meridian: 6  
 FNL/FSL FEL/FWL  
 Footage at surface: Distance: 1490 feet Direction: FNL Distance: 1854 feet Direction: FEL  
 As Drilled Latitude: 39.540530 As Drilled Longitude: -108.166020  
 GPS Data:  
 Date of Measurement: 05/09/2008 PDOP Reading: 1.9 GPS Instrument Operator's Name: BRIAN NASI  
 FNL/FSL FEL/FWL  
 \*\* If directional footage at Top of Prod. Zone Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 FNL/FSL FEL/FWL  
 \*\* If directional footage at Bottom Hole Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_ Dist: \_\_\_\_\_ feet Direction: \_\_\_\_\_  
 Sec: \_\_\_\_\_ Twp: \_\_\_\_\_ Rng: \_\_\_\_\_  
 Field Name: GRAND VALLEY Field Number: 31290  
 Federal, Indian or State Lease Number: \_\_\_\_\_

Spud Date: (when the 1st bit hit the dirt) 07/28/2008 Date TD: 08/03/2008 Date Casing Set or D&A: 08/03/2008  
 Rig Release Date: \_\_\_\_\_ Per Rule 308A.b.

Well Classification:

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

Total Depth MD 2890 TVD\*\* \_\_\_\_\_ Plug Back Total Depth MD \_\_\_\_\_ TVD\*\* \_\_\_\_\_  
 Elevations GR 8306 KB \_\_\_\_\_ Digital Copies of ALL Logs must be Attached per Rule 308A ☐

List Electric Logs Run:

## CASING, LINER AND CEMENT

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			140		0		
SURF	14+3/4	9+5/8		0	2,890	1,641	0	2,890	

### STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analysis must be submitted to COGCC)
	Top	Bottom	DST	Cored	

Operator Comments:

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: REG COMP TECH

Date: 8/4/2008

Email: \_\_\_\_\_

### 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"/>

### General Comments

User Group	Comment	Comment Date
		Stamp Upon Approval

Total: 0 comment(s)

