

FORM
2
Rev
12/05

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400028248
Plugging Bond Surety
19880020

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL
OIL GAS COALBED OTHER _____
SINGLE ZONE MULTIPLE ZONE COMMINGLE ZONE

Refiling
Sidetrack

3. Name of Operator: MARATHON OIL COMPANY 4. COGCC Operator Number: 53650
5. Address: 5555 SAN FELIPE
City: HOUSTON State: TX Zip: 77056
6. Contact Name: Anna Walls Phone: (713)296-3468 Fax: (713)513-4394
Email: avwalls@marathonoil.com
7. Well Name: 696-5C Well Number: 21
8. Unit Name (if appl): _____ Unit Number: _____
9. Proposed Total Measured Depth: 10624

WELL LOCATION INFORMATION

10. QtrQtr: Lot 12 Sec: 5 Twp: 6S Rng: 96W Meridian: 6
Latitude: 39.554770 Longitude: -108.135460
Footage at Surface: 3511 FNL 1354 FWL
11. Field Name: Grand Valley Field Number: 31290
12. Ground Elevation: 8136 13. County: GARFIELD

14. GPS Data:
Date of Measurement: 09/28/2008 PDOP Reading: 2.4 Instrument Operator's Name: William H Dolinar Lic #83070

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**
Footage at Top of Prod Zone: FNL/FSL FEL/FWL Bottom Hole: FNL/FSL FEL/FWL
2505 FSL 2306 FWL 2505 FSL 2306 FWL
Sec: 5 Twp: 6S Rng: 96W Sec: 5 Twp: 6S Rng: 96W

16. Is location in a high density area? (Rule 603b)? Yes No
17. Distance to the nearest building, public road, above ground utility or railroad: 7339 ft
18. Distance to nearest property line: 1166 ft 19. Distance to nearest well permitted/completed in the same formation: 657 ft

LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
Williams Fork	WMFK	510-11		

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No Surface Owners Agreement Attached or \$25,000 Blanket Surface Bon \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):
See Attached Sheet

25. Distance to Nearest Mineral Lease Line: 389 ft 26. Total Acres in Lease: 3441

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 27 or 28 are yes, is this location in a sensitive area (Rule 903)? Yes No **If 28, 29, or 30 are "Yes" a pit permit may be required.**

31. Mud disposal: Offsite Onsite

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	20	16	53	100	100	100	0
SURF	14+3/4	9+5/8	36	2,000	1,000	2,000	0
1ST	8+3/4	4+1/2	11.6	10,624	675	10,624	5,500

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments No Rig on Location. The pad is built. The pit has been constructed. Pad construction finished 11/09. Closed Loop drilling system. No visible improvements within 400' of wellhead. Decrease surface casing setting depth from 2300' to 2000'. Surface owned by: Chevron Minerals owned by: Chevron

34. Location ID: 413390

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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: _____ Email: avwalls@marathonoi.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Permit Number: _____ Expiration Date: _____

API NUMBER

05 045 18390 00

CONDITIONS OF APPROVAL, IF ANY:

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name	Doc Description
400028436	30 DAY NOTICE LETTER	30 day notice letter.pdf.pdf
400028438	WELL LOCATION PLAT	696-5C well location.pdf.PDF
400028439	PLAT	696-5C-21 plat.pdf.PDF

Total Attach: 3 Files