

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

## SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

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: 77396	
5. API Number 05-045-14245	OGCC Facility ID Number 335857
6. Well/Facility Name: Pad 697-13C	7. Well/Facility Number
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SESW Sec 13, T6S, R97W, 6th P.M.	
9. County: Garfield	10. Field Name: Grand Valley
11. Federal, Indian or State Lease Number:	

Survey Plat	
Directional Survey	
Surface Eqpm Diagram	
Technical Info Page	x
Other	

## Complete the Attachment Checklist

OP OGCC

## General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)																	
Change of Surface Footage from Exterior Section Lines:	<table border="1"><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL												
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Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____																	
Latitude _____	Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____																
Longitude _____	Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No _____																
Ground Elevation _____	Distance to nearest well same formation _____ Surface owner consultation date: _____																
attach directional survey																	
GPS DATA:																	
Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____																	
<input type="checkbox"/> CHANGE SPACING UNIT																	
Formation _____	Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____																
<input type="checkbox"/> Remove from surface bond																	
Signed surface use agreement attached																	
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):																	
Effective Date: _____																	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual																	
<input type="checkbox"/> CHANGE WELL NAME																	
From: _____																	
To: _____																	
Effective Date: _____																	
NUMBER																	
<input type="checkbox"/> ABANDONED LOCATION:																	
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Date Ready for Inspection: _____																	
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS																	
Date well shut in or temporarily abandoned: _____																	
Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
MIT required if shut in longer than two years. Date of last MIT _____																	
<input type="checkbox"/> SPUD DATE: _____																	
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)																	
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK																	
*submit cbi and cement job summaries																	
Method used _____	Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____																
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.																	
Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.																	

## Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done	
Approximate Start Date: August 2010	Date Work Completed: _____	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)		
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Pit Closure	for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Anna Walls

Date: 6/7/10

Email: [avwalls@marathonoil.com](mailto:avwalls@marathonoil.com)

Print Name: Anna Walls

Title: Regulatory Compliance Rep

COGCC Approved: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

CONDITIONS OF APPROVAL, IF ANY:

## TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	53650	API Number:	05-045-14245
2. Name of Operator:	Marathon Oil Company		OGCC Facility ID # 335857
3. Well/Facility Name:	Pad 697-13C	Well/Facility Number:	
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SESW Sec. 13, T6S, R97W, 6th P.M.		

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

### 5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Marathon respectfully requests approval of our proposed pit closure plan for pad 697-13C, located in the SESW Sec. 13, T6S, R97W, 6th P.M.

The reserve pit on this pad was used only for drilling purposes. Fluids have been vacuumed off these pits, leaving wet solids.

Pit closure activities will include pit material amendments in accordance with COGCC Table 910-1 standards, pit liner removal, COGCC Table 910-1 confirmation testing, backfilling, cover placement, regrading, and revegetation.

The average arsenic concentration in Pit 13C is 5.0 ppm, which is less than the Garden Gulch background arsenic concentration of 8.8 ppm. Based on the naturally occurring background levels, we understand the no further action will be required regarding arsenic for Pit 13C.

Based on the information included in Section 3.2.3 of the Pit Closure Work Plan, it is requested that PAH values be considered indicative of background concentrations attributable to the Mahogany Zone of the Green River Formation.