

**FORM
5**Rev
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:

2505693

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 05-045-14734-00

6. County: GARFIELD

7. Well Name: 596-33C

Well Number: 16

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

Footage at surface: Distance: 208 feet Direction: FSL Distance: 1308 feet Direction: FWL

As Drilled Latitude: 39.564970 As Drilled Longitude: -108.178840

GPS Data:

Data 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.: 808 feet. Direction: FSL Dist.: 747 feet. Direction: FWL

Sec: 33 Twp: 5S Rng: 96W

** If directional footage at Bottom Hole Dist.: 782 feet. Direction: FSL Dist.: 569 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) 05/12/2008 13. Date TD: 11/01/2008 14. Date Casing Set or D&A: 11/03/2008

15. Well Classification:

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

16. Total Depth MD 9930 TVD** 9863 17 Plug Back Total Depth MD 9896 TVD** 9829

18. Elevations GR 8243 KB 4267

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	2,711	1,739	0	2,711	CALC
1ST	8+3/4	4+1/2		0	9,888	904	2,910	9,888	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	4,804		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,144		<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	6,648		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,259		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,760		<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>					
2505693	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)