

**FORM**  
**5**  
Rev  
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



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Document Number:  
1827958

Date Received:  
01/27/2009

**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 05-045-15720-01 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.: 862 feet. Direction: FNL Dist.: 834 feet. Direction: FEL  
 Sec: 2 Twp: 6S Rng: 97W  
 \*\* If directional footage at Bottom Hole Dist.: 862 feet. Direction: FNL Dist.: 834 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: 11/30/2008 14. Date Casing Set or D&A: 12/02/2008

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9900 TVD\*\* 9786 17 Plug Back Total Depth MD 9868 TVD\*\* 9765

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:  
NO LOGS RUN YET AND NO FORMATION TOPS YET.

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	0	0	
SURF	16	9+5/8		0	2,848	2,221	0	2,848	
1ST	8+1/2	4+1/2		0	9,869	835		9,869	

**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:

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	4,832		<input type="checkbox"/>	<input type="checkbox"/>	
FORT UNION	5,162		<input type="checkbox"/>	<input type="checkbox"/>	
WILLIAMS FORK	6,622		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	9,233		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	9,726		<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: REG COMP TECH

Date: 1/21/2009

Email: AVWALLS@MARATHON.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1533716	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"/>
<b>Other Attachments</b>			
1533715	OTHER 1	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	Part of old well file cleanup. Logs and formation tops with cement summary and dir. survey submitted by oper.	9/27/2012 3:02:24 PM

Total: 1 comment(s)