

FORM  
5Rev  
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



DE ET OE ES

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&amp;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 ?			
<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"/>
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"/>
<u>Other Attachments</u>					
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)