

FORM
5A

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

COMPLETED INTERVAL REPORT

Document Number:

2555219

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 53650 4. Contact Name: ANNA WALLS
 2. Name of Operator: MARATHON OIL COMPANY Phone: _____
 3. Address: 5555 SAN FELIPE Fax: _____
 City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-15022-00 6. County: GARFIELD
 7. Well Name: 696-18A Well Number: 27
 8. Location: QtrQtr: SWNE Section: 18 Township: 6S Range: 96W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
 Treatment Date: 04/28/2010 Date of First Production this formation: 05/17/2010
 Perforations Top: 7630 Bottom: 9194 No. Holes: 213 Hole size: 41/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
9 STAGES: FRAC W/ 965880# 30/50 OTTAWA SD & 28302 BBLS SLICKWATER. SEE ATTACHED.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/27/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1564 Bbls H2O: 166
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 1
 Test Method: FLOWING Casing PSI: 1550 Tubing PSI: 1350 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1027 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9158 Tbg setting date: 05/15/2010 Packer Depth: _____
 Reason for Non-Production: _____
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

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 COMP TECH Date: 6/1/2010 Email: AVWALLS@MARATHONOIL.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved. *David S. Neslin*

COGCC Approved: _____ Director of COGCC Date: 9/22/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555218	WELLBORE DIAGRAM	LF@2503158 2555218
2555219	FORM 5A SUBMITTED	LF@2503157 2555219

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELL BORE DIAGRAM ATTACHED. BHL SHOULD READ 2464 FNL ON FORM 5.	9/22/2010 11:17:30 AM

Total: 1 comment(s)