

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



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Document Number:

2555242

COMPLETED INTERVAL REPORT

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 05-045-15027-00 6. County: GARFIELD
7. Well Name: 696-18A Well Number: 25
8. Location: QtrQtr: SWNE Section: 18 Township: 6S Range: 96W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 03/28/2010 Date of First Production this formation: 05/15/2010
Perforations Top: 7688 Bottom: 9334 No. Holes: 234 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole: ☐

10 STAGES: FRAC W/ 928353# 30/50 OTTAWA SD & 28526 BBLS SLICKWATER. SEE ATTACHED.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 05/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 988 Bbls H2O: 244
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 1
Test Method: FLOWING Casing PSI: 1250 Tubing PSI: 600 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1078 API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9300 Tbg setting date: 05/11/2010 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@MARATHOOIL.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. Nestlin*

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

Attachment Check List

Att Doc Num	Name	Doc Description
2555242	FORM 5A SUBMITTED	LF@2503129 2555242
2555243	WELLBORE DIAGRAM	LF@2503130 2555243

Total Attach: 2 Files