

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: Regulatory Compliance Rep

Date: _____

Email avwalls@marathonoil.com

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

COGCC Approved: _____

Director of COGCC

Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400097194	WELLBORE DIAGRAM	596-19A-18 WBD.pdf
400097197	COMPLETED INTERVAL REPORT	596-19A-18 form 5A 10-4-10.PDF

Total Attach: 2 Files