

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:

400097189

**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: (713) 296-3468  
 3. Address: 5555 SAN FELIPE Fax: (713) 513-4394  
 City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-18002-00 6. County: GARFIELD  
 7. Well Name: 596-19A Well Number: 18  
 8. Location: QtrQtr: NESW Section: 19 Township: 5S Range: 96W Meridian: 6  
 9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 08/04/2010 Date of First Production this formation: 08/21/2010  
 Perforations Top: 8448 Bottom: 9856 No. Holes: 164 Hole size: 41/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
7 Stages: Frac w/ 635,496# 30/50 Ottawa Sd & 19,683 bbls Slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**  
 Date: 09/05/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1330 Bbls H2O: 208  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: Flowing Casing PSI: 1410 Tubing PSI: 900 Choke Size: 38/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9808 Tbg setting date: 08/20/2010 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: 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