

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:

2510973

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 05-045-19245-00 6. County: GARFIELD
7. Well Name: 596-33A Well Number: 18
8. Location: QtrQtr: SWSW Section: 33 Township: 5S Range: 96W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>05/21/2010</u>	Date of First Production this formation: <u>06/19/2010</u>
Perforations Top: <u>8734</u> Bottom: <u>10464</u>	No. Holes: <u>237</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>10 STAGES: FRAC W/1,039,193# 30/50 OTTOAWA SD & 30,808 BBLS SLICKWATER. SEE ATTACHED.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>07/03/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1533</u> Bbls H2O: <u>616</u>	
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1533</u> Bbls H2O: <u>616</u> GOR: _____
Test Method: <u>FLOWING</u> Casing PSI: <u>1960</u> Tubing PSI: <u>1215</u> Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1038</u> API Gravity Oil: <u>54</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>10403</u> Tbg setting date: <u>06/19/2010</u> Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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 COMPLIANCE TECH Date: 7/19/2010 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.

COGCC Approved: _____

David G. Neslin

Director of COGCC

Date: 11/9/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2510973	FORM 5A SUBMITTED	LF@2543414 2510973
2510974	WELLBORE DIAGRAM	LF@2543415 2510974

Total Attach: 2 Files