

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
----	----	----	----

Document Number:

2512454

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) 2963468

3. Address: 5555 SAN FELIPE

Fax: (713) 5134394

City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-16146-00

6. County: GARFIELD

7. Well Name: 697-28C

Well Number: 23

8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 97W Meridian: 6

9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 04/11/2010

Date of First Production this formation: 07/19/2010

Perforations	Top:	7238	Bottom:	8322	No. Holes:	139	Hole size:	41/100
--------------	------	------	---------	------	------------	-----	------------	--------

Provide a brief summary of the formation treatment:

Open Hole:

6 STAGES: FRAC W/ 481,632# 30/50 OTTAWA SD & 15,955 BBLS SLICKWATER.
SEE ATTACHED.

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

Test Information:

Date:	07/24/2010	Hours:	24	Bbls oil:	1	Mcf Gas:	1970	Bbls H2O:	208
-------	------------	--------	----	-----------	---	----------	------	-----------	-----

Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 34929
--------------------------	-----------	----------	-----------	------------

Test Method: FLOWING	Casing PSI: 1875	Tubing PSI: 1460	Choke Size: 18/64
----------------------	------------------	------------------	-------------------

Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1033	API Gravity Oil:	54
------------------	------	-----------	-----	----------	------	------------------	----

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8292 Tbg setting date: 07/17/2010 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. COMPLIANCE TECH Date: 8/3/2010 Email: AWALLS@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 S. Neslin

Director of COGCC

Date: 12/16/2010

Attachment Check List

Att Doc Num	Name
2512454	FORM 5A SUBMITTED
2512455	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

--	--	--

Total: 0 comment(s)