

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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COMPLETED INTERVAL REPORT

Document Number:
2512454

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
2. Name of Operator: MARATHON OIL COMPANY
3. Address: 5555 SAN FELIPE
City: HOUSTON State: TX Zip: 77056
4. Contact Name: ANNA WALLS
Phone: (713) 2963468
Fax: (713) 5134394

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

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)