


<b>FORM 5A</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400103146</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
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: <u>53650</u>		4. Contact Name: <u>Anna Walls</u>					
2. Name of Operator: <u>MARATHON OIL COMPANY</u>		Phone: <u>(713) 296-3468</u>					
3. Address: <u>5555 SAN FELIPE</u>		Fax: <u>(713) 513-4394</u>					
City: <u>HOUSTON</u>	State: <u>TX</u>	Zip: <u>77056</u>					
5. API Number <u>05-045-15083-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>596-31A</u>		Well Number: <u>28</u>					
8. Location: QtrQtr: <u>NWNE</u>	Section: <u>31</u>	Township: <u>5S</u>	Range: <u>96W</u>				
		Meridian: <u>6</u>					
9. Field Name: <u>GRAND VALLEY</u>		Field Code: <u>31290</u>					
<u>Completed Interval</u>							
FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>09/04/2010</u>		Date of First Production this formation: <u>09/30/2010</u>					
Perforations Top: <u>8180</u>	Bottom: <u>9820</u>	No. Holes: <u>184</u>	Hole size: <u>2 + 3/8</u>				
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
8 Stages: Frac w/ 830,380# 30/50 Ottawa Sd & 24,873 bbls Slickwater							
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>10/16/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1353</u>				
		Bbls H2O: <u>133</u>					
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____				
		Bbls H2O: _____	GOR: _____				
Test Method: <u>Flowing</u>	Casing PSI: <u>1675</u>	Tubing PSI: <u>1225</u>	Choke Size: <u>20/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1017</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>9783</u>	Tbg setting date: <u>09/29/2010</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:							
Correct well name/number is 596-30C-28, per sundry approved on 5/22/2008							
I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.							
Signed: _____		Print Name: <u>Anna Walls</u>					
Title: <u>Regulatory Compliance Rep</u>	Date: <u>10/25/2010</u>	Email <u>avwalls@marathonoil.com</u>					

### **Attachment Check List**

Att Doc Num	Name
400103161	WELLBORE DIAGRAM
400103172	FORM 5A SUBMITTED

Total Attach: 2 Files

### **General Comments**

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

Total: 0 comment(s)