

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:

2555246

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: _____
3. Address: 5555 SAN FELIPE Fax: _____
City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-15026-00 6. County: GARFIELD
7. Well Name: 696-18A Well Number: 18
8. Location: QtrQtr: SWNE Section: 18 Township: 6S Range: 96W Meridian: 6

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>04/27/2010</u>		Date of First Production this formation: <u>05/21/2010</u>	
Perforations	Top: <u>7450</u> Bottom: <u>9094</u>	No. Holes: <u>185</u>	Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>8 STAGES: FRAC W/ 914402# 30/50 OTTAWA SD AND 26341 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>05/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1804</u> Bbls H2O: <u>236</u>
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____ Bbls H2O: _____ GOR: <u>1</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>2100</u>	Tubing PSI: <u>1200</u>	Choke Size: <u>20/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>DRY</u>	BTU Gas: <u>1059</u>	API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>9055</u>	Tbg setting date: <u>05/18/2010</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 COMP TECH Date: 6/1/2010 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. *David S. Nestlin*

COGCC Approved: _____ Director of COGCC Date: 9/22/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2555245	WELLBORE DIAGRAM	LF@2503132 2555245
2555246	FORM 5A SUBMITTED	LF@2503131 2555246

Total Attach: 2 Files