



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	Complete the Attachment Checklist
2. Name of Operator:	Marathon Oil Company	Anna Walls	
3. Address:	5555 San Felipe St, Mailstop 35:08	Phone: (713) 296-3468	
City:	Houston State: Texas Zip: 77056-2701	Fax: (713) 513-4394	
5. API Number	05- 045-18002	6. County:	GARFIELD
7. Well Name:	596-19A	Well Number:	18
8. Location (QtrQtr, Sec, Twp, Rng, Meridian):	Lot 3 19 05S 96W 6th P.M.		

wellbore diagram	x	OP	OGCC

FORMATION: Williams Fork / Cameo	Status	Producing	
Treatment Date:	08/04/10	Date of First Production this formation:	8/21/2010
Perforations	Top: 8448 Bottom: 9856	No. Holes	164
		Hole size:	0.41
Provide a brief summary of the formation treatment:	Open Hole <input type="checkbox"/>		
7 STAGES: FRAC W/ 635.496# 30/50 OTTAWA SD & 19,683 BBLS SLICKWATER			
See Attached			

This formation is commingled with another formation	<input type="checkbox"/>
Test Information:	
Date:	09/05/10
Hours:	24
Bbls oil:	0.00
Mcf Gas:	1330
Bbls H ₂ O:	208
Calculated 24 hour rate:	
Bbls oil:	
Mcf Gas:	
Bbls H ₂ O:	
GOR:	#VALUE!
Test Method:	Flowing
Casing PSI:	1410
Tubing PSI:	900
Choke size:	38/64
Gas Disposition:	sold
Gas Type:	Dry
BTU Gas:	
API Gravity Oil:	53.8
Tubing Size:	2-3/8
Tubing Setting Depth:	9807.9
Tbg setting date:	08/20/10
Packer Depth:	
Reason for Non-Production:	
Date formation Abandoned:	
Squeezed	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
if yes number of sacks cmt	
Bridge Plug Depth:	
Sacks cement on top:	

FORMATION:	Status
Treatment Date:	
Date of First Production this formation:	
Perforations	Top: Bottom:
	No. Holes
Hole size:	
Provide a brief summary of the formation treatment:	Open Hole <input type="checkbox"/>

This formation is commingled with another formation	<input type="checkbox"/>
Test Information:	
Date:	
Hours:	
Bbls oil:	
Mcf Gas:	
Bbls H ₂ O:	
Calculated 24 hour rate:	
Bbls oil:	
Mcf Gas:	
Bbls H ₂ O:	
GOR:	
Test Method:	
Casing PSI:	
Tubing PSI:	
Choke size:	
Gas Disposition:	
Gas Type:	
BTU Gas:	
API Gravity Oil:	
Tubing Size:	
Tubing Setting Depth:	
Tbg setting date:	
Packer Depth:	
Reason for Non-Production:	
Date formation Abandoned:	
Squeezed	<input type="checkbox"/>
Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
if yes number of sacks cmt	
Bridge Plug Depth:	
Sacks cement on top:	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Print Name: Anna Walls Email: awalls@marathonoil.com
Signature: Title: Reg. Compliance Tech Date: 09/30/10