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

Signed: Anna Walls Print Name: Anna Walls

Title: Regulatory Compliance Rep Date: 10/5/10 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.

COGCC Approved: _____ **Director of COGCC** Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400097655	WELLBORE DIAGRAM	596-29C-21 WBD.pdf

Total Attach: 1 Files