

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:

2505001

**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: (713) 296-3468  
3. Address: 5555 SAN FELIPE Fax: (713) 513-4394  
City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-16845-00 6. County: GARFIELD  
7. Well Name: 596-34D Well Number: 27  
8. Location: QtrQtr: SESE Section: 34 Township: 5S Range: 96W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 05/13/2010 Date of First Production this formation: 06/14/2010  
Perforations Top: 8290 Bottom: 9886 No. Holes: 178 Hole size: 41/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
8 STAGES: FRAC W/721,475# 30/50 OTTAWA SD & 23,236 BBLS SLICKWATER.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/21/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1586 Bbls H2O: 695  
Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 36038  
Test Method: FLOWING Casing PSI: 2350 Tubing PSI: 1520 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1020 API Gravity Oil: 54  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9838 Tbg setting date: 06/13/2010 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: REGULATORY Date: 6/23/2010 Email AVWALLS@MARATHONOIL.COM  
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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 G. Neslin*  
Director of COGCC

Date: 10/25/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2505001	FORM 5A SUBMITTED	LF@2518019 2505001
2505002	OPERATIONS SUMMARY	LF@2518020 2505002
2505003	WELLBORE DIAGRAM	LF@2518021 2505003

Total Attach: 3 Files