

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

2505001

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

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 S. 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