

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
----	----	----	----

Document Number:

1717827

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 05-045-16147-00 6. County: GARFIELD
7. Well Name: 697-28A Well Number: 18
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 97W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: SHUT IN
Treatment Date: 04/11/2010 Date of First Production this formation: _____
Perforations Top: 7476 Bottom: 8432 No. Holes: 114 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: ☐
5 STAGES: FRAC W/490,059# 30/50 OTTAWA SD & 15,653 BBLs SLICKWATER. SEE ATTACHED.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7377 Tbg setting date: 04/27/2010 Packer Depth: _____
Reason for Non-Production: _____
WAITING ON PIPELINE
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: Y Print Name: ANNA WALLS
Title: REGULATORY Date: _____ 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 G. Neslin

Director of COGCC

Date: 10/29/2010