

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:

1717829

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 05-045-17044-00 6. County: GARFIELD
7. Well Name: 697-33A Well Number: 11
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 97W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>04/13/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>7910</u> Bottom: <u>8744</u>	No. Holes: <u>114</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>5 STAGES: FRAC W/427,036# 30/50 OTTAWA SD & 13,691 BBLS SLICKWATER.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7809</u>	Tbg setting date: <u>04/03/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
<u>WAITING ON PIPELINE</u>	
Date formation Abandoned: _____	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 5/3/2010 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 G. Neslin

Director of COGCC

Date: 10/29/2010

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELL HAS BEEN SAND FRACED BUT HAS NOT BEEN PUT ON PRODUCTION.	10/29/2010 10:14:52 AM

Total: 1 comment(s)