

**FORM  
5A**Rev  
02/08State 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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**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.

Document Number:

400097999

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 05-045-19225-00 6. County: GARFIELD  
7. Well Name: 697-26A Well Number: 14  
8. Location: QtrQtr: NWNE Section: 26 Township: 6S Range: 97W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 08/27/2010 Date of First Production this formation: 09/16/2010  
Perforations Top: 7097 Bottom: 8694 No. Holes: 214 Hole size: 41/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
9 Stages: Frac w/ 816,651# 30/50 Ottawa Sd & 24,431 bbls Slickwater  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 09/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1510 Bbls H2O: 322  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 1600 Tubing PSI: 903 Choke Size: 20/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1052 API Gravity Oil: \_\_\_\_\_  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8639 Tbg setting date: 09/13/2010 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 WallsTitle: Regulatory Compliance Rep Date: 10/6/2010 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: 11/2/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
400098000	WELLBORE DIAGRAM	LF@2598106 400098000
400098004	FORM 5A SUBMITTED	LF@2598107 400098004

Total Attach: 2 Files