

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:

2510968

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 05-045-16026-00 6. County: GARFIELD
7. Well Name: 596-31C Well Number: 13
8. Location: QtrQtr: LOT 3 Section: 31 Township: 5S Range: 96W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 05/27/2010 Date of First Production this formation: 06/30/2010
Perforations Top: 7754 Bottom: 9412 No. Holes: 174 Hole size: 41/100
Provide a brief summary of the formation treatment: _____ Open Hole: ☐
8 STAGES: FRAC W/ 794,711 # 30/50 OTTAWA SD & 23,480 BBLs SLICKWATER. SEE ATTACHED.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1000 Bbls H2O: 161
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: _____ Bbls H2O: 161 GOR: _____
Test Method: FLOWING Casing PSI: 1650 Tubing PSI: 1000 Choke Size: 24/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1060 API Gravity Oil: 54
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9352 Tbg setting date: 06/29/2010 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: REG COMPLIANCE TECH Date: 7/19/2010 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: 11/9/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2510968	FORM 5A SUBMITTED	LF@2543419 2510968
2510969	WELLBORE DIAGRAM	LF@2543420 2510969

Total Attach: 2 Files