

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:

2510971

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
2. Name of Operator: MARATHON OIL COMPANY
3. Address: 5555 SAN FELIPE
City: HOUSTON State: TX Zip: 77056
4. Contact Name: ANNA WALLS
Phone: (713) 296-3468
Fax: (713) 513-4394

5. API Number 05-045-14565-00
6. County: GARFIELD
7. Well Name: 596-33C Well Number: 12
8. Location: QtrQtr: SWSW Section: 33 Township: 5S Range: 96W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 05/22/2010 Date of First Production this formation: 06/25/2010
Perforations Top: 8306 Bottom: 9752 No. Holes: 164 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole:
7 STAGES: FRAC W/ 826,259# 30/50 OTTAWA SD & 24,298 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: 1557 Bbls H2O: 342
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1557 Bbls H2O: 342 GOR:
Test Method: FLOWING Casing PSI: 1300 Tubing PSI: 725 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1095 API Gravity Oil: 54
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9700 Tbg setting date: 06/23/2010 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 S. Neslin

Director of COGCC

Date: 11/9/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2510971	FORM 5A SUBMITTED	LF@2543417 2510971
2510972	WELLBORE DIAGRAM	LF@2543418 2510972

Total Attach: 2 Files