

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:

2510971

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 05-045-14565-00 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: <u>WILLIAMS FORK - CAMEO</u> | Status: <u>PRODUCING</u> |
| Treatment Date: <u>05/22/2010</u> | Date of First Production this formation: <u>06/25/2010</u> |
| Perforations Top: <u>8306</u> Bottom: <u>9752</u> | No. Holes: <u>164</u> Hole size: <u>41/100</u> |
| Provide a brief summary of the formation treatment: | Open Hole: <input type="checkbox"/> |
| <u>7 STAGES: FRAC W/ 826,259# 30/50 OTTAWA SD & 24,298 BBLS SLICKWATER. SEE ATTACHED.</u> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Test Information: | |
| Date: <u>07/10/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1557</u> Bbls H2O: <u>342</u> | |
| Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1557</u> Bbls H2O: <u>342</u> GOR: _____ | |
| Test Method: <u>FLOWING</u> Casing PSI: <u>1300</u> Tubing PSI: <u>725</u> Choke Size: <u>20/64</u> | |
| Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: <u>1095</u> API Gravity Oil: <u>54</u> | |
| Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9700</u> Tbg setting date: <u>06/23/2010</u> Packer Depth: _____ | |
| Reason for Non-Production: _____ | |
| 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: _____ 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 |
|-------------|-------------------|--------------------|
| 2510971 | FORM 5A SUBMITTED | LF@2543417 2510971 |
| 2510972 | WELLBORE DIAGRAM | LF@2543418 2510972 |

Total Attach: 2 Files