

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:

400111351

**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 05-045-16015-00 6. County: GARFIELD  
7. Well Name: 697-2C Well Number: 27  
8. Location: QtrQtr: SESW Section: 2 Township: 6S Range: 97W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: <u>WILLIAMS FORK</u>	Status: <u>PRODUCING</u>
Treatment Date: _____	Date of First Production this formation: _____
Perforations Top: <u>7726</u> Bottom: <u>9338</u>	No. Holes: <u>214</u> Hole size: <u>41/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<u>9 Stages: Frac w/ 883,987# 30/50 Ottawa Sd &amp; 26122 bbls slickwater</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>11/14/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1047</u> Bbls H2O: <u>725</u>	
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____	
Test Method: <u>Flowing</u> Casing PSI: <u>2350</u> Tubing PSI: <u>1150</u> Choke Size: <u>20/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>DRY</u> BTU Gas: _____ API Gravity Oil: _____	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>9227</u> Tbg setting date: <u>11/10/2010</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: Regulatory Compliance Rep Date: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400111374	WELLBORE DIAGRAM
400111384	COMPLETED INTERVAL REPORT

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)