

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:

400111351

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 05-045-16015-00
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: WILLIAMS FORK Status: PRODUCING
Treatment Date: Date of First Production this formation:
Perforations Top: 7726 Bottom: 9338 No. Holes: 214 Hole size: 41/100
Provide a brief summary of the formation treatment: Open Hole: [X]
9 Stages: Frac w/ 883,987# 30/50 Ottawa Sd & 26122 bbls slickwater
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 11/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1047 Bbls H2O: 725
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Flowing Casing PSI: 2350 Tubing PSI: 1150 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 9227 Tbg setting date: 11/10/2010 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: 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)