

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:

400112232

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 05-045-17702-00 6. County: GARFIELD
 7. Well Name: 596-20A Well Number: 18
 8. Location: QtrQtr: NWSW Section: 20 Township: 5S Range: 96W Meridian: 6
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING
 Treatment Date: 10/02/2010 Date of First Production this formation: 10/31/2010
 Perforations Top: 8798 Bottom: 10368 No. Holes: 212 Hole size: 41/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
9 Stages: Frac w/ 922,362# 30/50 Ottawa Sd & 27,544 bbls Slickwater
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1288 Bbls H2O: 251
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: Flowing Casing PSI: 1750 Tubing PSI: 1400 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1009 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 10313 Tbg setting date: 10/30/2010 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
400112235	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)