



Document Number:

400112232

## 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 05-045-17702-00

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
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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
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: Flowing	Casing PSI: 1750	Tubing PSI: 1400	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1009	API Gravity Oil:
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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](mailto: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)