

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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COMPLETED INTERVAL REPORT

Document Number:
400097189

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 05-045-18002-00
6. County: GARFIELD
7. Well Name: 596-19A Well Number: 18
8. Location: QtrQtr: NESW Section: 19 Township: 5S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 08/04/2010 Date of First Production this formation: 08/21/2010

Perforations Top: 8448 Bottom: 9856 No. Holes: 164 Hole size: 41/100

Provide a brief summary of the formation treatment: Open Hole:

7 Stages: Frac w/ 635,496# 30/50 Ottawa Sd & 19,683 bbls Slickwater

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/05/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1330 Bbls H2O: 208

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1330 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 1410 Tubing PSI: 900 Choke Size: 38/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1043 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9808 Tbg setting date: 08/20/2010 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: 10/4/2010 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 S. Neslin

Director of COGCC

Date: 12/2/2010

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed field to Grand Valley and entered 24 hour test information and gas BTU	12/2/2010 4:56:04 PM

Total: 1 comment(s)