

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:

2512446

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) 296-34368
Fax: (713) 513-4394

5. API Number 05-045-18395-00
6. County: GARFIELD
7. Well Name: 696-6A Well Number: 43
8. Location: QtrQtr: Lot 12 Section: 5 Township: 6S Range: 96W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/17/2010 Date of First Production this formation: 07/11/2010

Perforations Top: 8591 Bottom: 10187 No. Holes: 209 Hole size: 41/100

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

9 STAGES: FRAC W/751,746# 30/50 OTTAWA SD & 24,532 BBLs SLICKWATER.

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/24/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1338 Bbls H2O: 270

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: FLOWING Casing PSI: 2550 Tubing PSI: 1710 Choke Size: 26/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1025 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 10125 Tbg setting date: 07/10/2010 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 Date: 8/2/2010 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: 12/14/2010

Attachment Check List

Att Doc Num	Name
2512446	FORM 5A SUBMITTED
2512447	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)