

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:

2512452

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) 2963468
Fax: (713) 5134394

5. API Number 05-045-16147-00
6. County: GARFIELD
7. Well Name: 697-28A Well Number: 18
8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/11/2010 Date of First Production this formation: 07/14/2010

Perforations Top: 7476 Bottom: 8432 No. Holes: 114 Hole size: 41/100

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

5 STAGES: FRAC W/ 520,059# 30/50 OTTAWA SD & 15,653 BBLs SLICKWATER
SEE ATTACHED

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 07/24/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 2242 Bbls H2O: 111

Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR: 34989

Test Method: FLOWING Casing PSI: 1625 Tubing PSI: 1250 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1033 API Gravity Oil: 54

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8392 Tbg setting date: 07/12/2010 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: REG. COMPLIANCE TECH Date: 8/3/2010 Email: AWALLS@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: 12/16/2010

**Attachment Check List**

Att Doc Num	Name
2512452	FORM 5A SUBMITTED
2512453	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

**User Group**

**Comment**

**Comment Date**

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

Total: 0 comment(s)