

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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Document Number:

2512452

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) 2963468

3. Address: 5555 SAN FELIPE

Fax: (713) 5134394

City: HOUSTON State: TX Zip: 77056

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
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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 ☒ No

Test Information:

Date:	07/24/2010	Hours:	24	Bbls oil:	1	Mcf Gas:	2242	Bbls H2O:	111
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR: 34989
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Test Method: FLOWING	Casing PSI: 1625	Tubing PSI: 1250	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1033	API Gravity Oil:	54
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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

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

Total: 0 comment(s)