

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:

2512605

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 05-045-14710-00 6. County: GARFIELD  
 7. Well Name: 697-22C Well Number: 11  
 8. Location: QtrQtr: SENE Section: 21 Township: 6S Range: 97W Meridian: 6  
 9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 07/04/2010 Date of First Production this formation: 08/06/2010  
 Perforations Top: 6980 Bottom: 8591 No. Holes: 212 Hole size: 41/100  
 Provide a brief summary of the formation treatment: Open Hole:   
9 STAGES: FRAC W/ 1,046,127# 30/50 OTTAWA SD & 30,378 BBLs SLICKWATER. SEE ATTACHED.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 08/24/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1752 Bbls H2O: 329  
 Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 1486 Tubing PSI: 982 Choke Size: 20/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1015 API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8548 Tbg setting date: 08/05/2010 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: 8/30/2010 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: 1/20/2011

**Attachment Check List**

Att Doc Num	Name
2512605	FORM 5A SUBMITTED
2512606	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)