

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:

2512603

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 05-045-14711-00 6. County: GARFIELD
 7. Well Name: 697-21C Well Number: 21
 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: 08/01/2010
 Perforations Top: 7237 Bottom: 8825 No. Holes: 206 Hole size: 41/100
 Provide a brief summary of the formation treatment: Open Hole:
9 STAGES: FRAC W/ 1,036,662# 30/50 OTTAWA SD & 30,203 BBLs SLICKWATER. SEE ATTACHED.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 08/21/2010 Hours: 24 Bbls oil: _____ Mcf Gas: 1653 Bbls H2O: 260
 Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: 1653 Bbls H2O: 260 GOR: _____
 Test Method: FLOWING Casing PSI: 1440 Tubing PSI: 845 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 989 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 8796 Tbg setting date: 07/31/2010 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: 1/27/2011

Attachment Check List

Att Doc Num	Name
2512603	FORM 5A SUBMITTED
2512604	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)