

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:

2512603

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) 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
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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
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	1653	Bbls H2O:	260	GOR:
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Test Method: FLOWING	Casing PSI: 1440	Tubing PSI: 845	Choke Size: 20/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	989	API Gravity Oil:
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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 G. 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

User Group

Comment

Comment Date

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Total: 0 comment(s)