

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:

2071315

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 05-045-16066-00 6. County: GARFIELD  
 7. Well Name: 596-19C Well Number: 28  
 8. Location: QtrQtr: LOT 3 Section: 19 Township: 5S Range: 96W Meridian: 6  
 9. Field Name: TRAIL RIDGE Field Code: 83825

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 08/05/2010 Date of First Production this formation: 08/18/2010  
 Perforations Top: 8160 Bottom: 9596 No. Holes: 168 Hole size: 41/100  
 Provide a brief summary of the formation treatment: Open Hole:   
7 STAGES: FRAC W/ 835,296# 30/50 OTTAWA SD & 24,325 BBLS SLICKWATER. SEE ATTACHED  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 09/02/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1365 Bbls H2O: 227  
 Calculated 24 hour rate: Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
 Test Method: FLOWING Casing PSI: 1775 Tubing PSI: 1140 Choke Size: 44/64  
 Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1050 API Gravity Oil: 54  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 9536 Tbg setting date: 08/16/2010 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: 9/14/2010 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
2071315	FORM 5A SUBMITTED
2071316	WELLBORE DIAGRAM
2071317	OTHER

Total Attach: 3 Files

**General Comments**

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

Total: 0 comment(s)