

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:

2071315

## 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 05-045-16066-00

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
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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
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: FLOWING	Casing PSI: 1775	Tubing PSI: 1140	Choke Size: 44/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1050	API Gravity Oil:	54
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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 G. 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**

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)