

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



DE ET OE ES

Document Number:  
400097581

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  
2. Name of Operator: MARATHON OIL COMPANY  
3. Address: 5555 SAN FELIPE  
City: HOUSTON State: TX Zip: 77056  
4. Contact Name: Anna Walls  
Phone: (713) 296-3468  
Fax: (713) 513-4394

5. API Number 05-045-18091-00  
6. County: GARFIELD  
7. Well Name: 596-29A Well Number: 18  
8. Location: QtrQtr: NESW Section: 29 Township: 5S Range: 96W Meridian: 6  
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 08/14/2010 Date of First Production this formation: 09/03/2010  
Perforations Top: 8442 Bottom: 10084 No. Holes: 218 Hole size: 41/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 09/20/2010 Hours: 24 Bbls oil: 1 Mcf Gas: 1179 Bbls H2O: 216  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: 22251  
Test Method: Flowing Casing PSI: 1900 Tubing PSI: 800 Choke Size: 41/64  
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1038 API Gravity Oil: 54  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 10041 Tbg setting date: 09/02/2010 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: Regulatory Compliance Rep Date: 10/5/2010 Email avwalls@marathonoil.com

### Attachment Check List

Att Doc Num	Name
400097594	WELLBORE DIAGRAM
400097602	FORM 5A SUBMITTED

Total Attach: 2 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Industry	provide a brief summary of the formation treatment: 9 Stages: Frac w/1,023,599# 30/50 Ottawa sd 29997 bbls Slickwater	10/5/2010 11:36:58 AM

Total: 1 comment(s)