

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:  
400097651

**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 05-045-18087-00  
6. County: GARFIELD  
7. Well Name: 596-29C Well Number: 21  
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: 08/13/2010 Date of First Production this formation: 08/29/2010

Perforations Top: 8059 Bottom: 9705 No. Holes: 192 Hole size: 41/400

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

8 Stages: Frac w/ 916,466# 30/50 Ottawa Sd & 27022 bbls Slickwater

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 09/10/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1510 Bbls H2O: 239

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_

Test Method: Flowing Casing PSI: \_\_\_\_\_ Tubing PSI: 1150 Choke Size: 42/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1025 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 9641 Tbg setting date: 08/28/2010 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
400097655	WELLBORE DIAGRAM
400097665	FORM 5A SUBMITTED

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)