

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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Document Number:

400117719

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 05-045-14440-00 6. County: GARFIELD
7. Well Name: CHEVRON-MARATHON Well Number: 14D-14D
8. Location: QtrQtr: NWNW Section: 23 Township: 6S Range: 97W Meridian: 6
9. Field Name: GRAND VALLEY Field Code: 31290

Completed Interval

FORMATION: WILLIAMS FORK Status: PRODUCING

Treatment Date: 03/21/2008 Date of First Production this formation: 12/05/2010
Perforations Top: 7093 Bottom: 8905 No. Holes: 189 Hole size: 43/100

Provide a brief summary of the formation treatment: Open Hole: ☐

7 STAGES: FRAC w/ 687,394# 30/50 OTTAWA SD & 20,454 BBLs SLICKWATER

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 12/08/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1449 Bbls H2O: 3
Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: Flowing Casing PSI: 1450 Tubing PSI: 980 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1104 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8868 Tbg setting date: 12/03/2010 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: 12/20/2010 Email avwalls@marathonoil.com

_____ :

Attachment Check List

Att Doc Num	Name
400117722	WELLBORE DIAGRAM
400117726	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)