

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:
400117723

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 05-045-14441-00 6. County: GARFIELD
7. Well Name: CHEVRON-MARATHON Well Number: 41A-22D
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: 11/23/2010
Perforations Top: 7164 Bottom: 8825 No. Holes: 177 Hole size: 43/100
Provide a brief summary of the formation treatment: _____ Open Hole:
7 STAGES: FRAC w/ 512,329# 30/50 OTTAWA SD & 15,992 BBLs SLICKWATER
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/14/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1428 Bbls H2O: 34
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: Flowing Casing PSI: 1400 Tubing PSI: 1200 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1058 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 8786 Tbg setting date: 12/09/2010 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
400117724	WELLBORE DIAGRAM
400117728	FORM 5A SUBMITTED

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)