

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:

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
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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
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Calculated 24 hour rate:	Bbls oil:	Mcf Gas:	Bbls H2O:	GOR:
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Test Method: Flowing	Casing PSI: 1400	Tubing PSI: 1200	Choke Size: 16/64
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Gas Disposition:	SOLD	Gas Type:	DRY	BTU Gas:	1058	API Gravity Oil:	0
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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

User Group	Comment	Comment Date

Total: 0 comment(s)