

FORM 5A

Rev 06/12

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Date Received:

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: Erin Bibeau
 2. Name of Operator: MARATHON OIL COMPANY Phone: (970) 4197816
 3. Address: 5555 SAN FELIPE RD Fax: (970) 4939219
 City: HOUSTON State: TX Zip: 77056

5. API Number 05-069-06436-00 6. County: LARIMER
 7. Well Name: RAWHIDE FLATS 10-68-16 Well Number: 1H
 8. Location: QtrQtr: NENE Section: 16 Township: 10N Range: 68W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/03/2012 End Date: 01/07/2012 Date of First Production this formation: 01/19/2012

Perforations Top: 6618 Bottom: 11490 No. Holes: 450 Hole size: 3/8

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

TLTR from Stage 1 = 3940 bbls. TLTR from Stages 2-14 including perf/plug/ball pump downs is 41807 bbls.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 44806 Max pressure during treatment (psi): 7963

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.33

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 1.06

Total acid used in treatment (bbl): 714 Number of staged intervals: 15

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 45747

Fresh water used in treatment (bbl): 44806 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3017552 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/23/2012 Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: 56 Mcf Gas: 0 Bbl H2O: 281 GOR: 0

Test Method: Well Producing Casing PSI: 280 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Erin Bibeau

Title: Regulatory Compliance Rep Date: _____ Email: ebibeau@marathonoil.com
:

Attachment Check List

Att Doc Num	Name
400304450	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)