

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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

5. API Number 05-123-33352-00
6. County: WELD
7. Well Name: CROW VALLEY 7-62-32
Well Number: 1H
8. Location: QtrQtr: SESE Section: 32 Township: 7N Range: 62W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/03/2011 End Date: 10/07/2011 Date of First Production this formation: 10/15/2011

Perforations Top: 7390 Bottom: 12301 No. Holes: 450 Hole size: 04/10

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

TLTR from Stages 1-15 = 42755.7 bbls.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 38303 Max pressure during treatment (psi): 7963
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.34
Type of gas used in treatment: Max frac gradient (psi/ft): 0.87
Total acid used in treatment (bbl): 0 Number of staged intervals: 15
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 42755
Fresh water used in treatment (bbl): 38303 Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 2959436 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/25/2011 Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: 200 Mcf Gas: 253 Bbl H2O: 130 GOR: 1269
Test Method: Well Producing Casing PSI: 300 Tubing PSI: Choke Size: 32/64
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
400309365	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)