

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 05-123-35217-00 6. County: WELD  
 7. Well Name: French Lake 3-63-14 Well Number: 3H  
 8. Location: QtrQtr: SWSE Section: 14 Township: 3N Range: 63W Meridian: 6  
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/26/2012 End Date: 04/29/2012 Date of First Production this formation: 05/06/2012

Perforations Top: 7095 Bottom: 10401 No. Holes: 1 Hole size: \_\_\_\_\_

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

TLTR from Stage 1-17 (including pump down) = 61511.3 bbls. Pumped a total of 3,336,641 lbs of sand: 983,737 lbs of 40/70 white sand, 2,012,904 lbs of 20/40 white sand and 340,000 lbs of 20/40 Super LC.

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 61511 Max pressure during treatment (psi): 7721

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): 0.96

Total acid used in treatment (bbl): 0 Number of staged intervals: 17

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): 61511

Fresh water used in treatment (bbl): 61503 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3336641 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/14/2012 Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbl oil: 163 Mcf Gas: 174 Bbl H2O: 113 GOR: 1067

Test Method: Well Producing Casing PSI: 35 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:

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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  
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**Attachment Check List**

Att Doc Num	Name
400309424	WELLBORE DIAGRAM

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)