

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



DE	ET	OE	ES
----	----	----	----

Document Number: 400322327

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: Tiffany Stebbins
 2. Name of Operator: MARATHON OIL COMPANY Phone: (307) 5272223
 3. Address: 5555 SAN FELIPE RD Fax: (307) 5273280
 City: HOUSTON State: TX Zip: 77056

5. API Number 05-123-35397-00 6. County: WELD
 7. Well Name: Black Hollow 8-67-16 Well Number: 3H
 8. Location: QtrQtr: NWNE Section: 16 Township: 8N Range: 67W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/28/2012 End Date: 07/31/2012 Date of First Production this formation: 09/22/2012

Perforations Top: 8045 Bottom: 11266 No. Holes: 16 Hole size: _____

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

TLTR from Stages 1 – 16 = 54,724 bbls. Total sand pumped = 2,949,398 lbs: 927,148 lbs 40/70; 1,768,073 lbs 20/40 White; 254,177 lbs 20/40 Super LC. Hybrid sleeve system. Flowed back 7324 bbls fluid before turning over to production.

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 54724 Max pressure during treatment (psi): 8839

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.80

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.44

Total acid used in treatment (bbl): _____ Number of staged intervals: 16

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): 7324

Fresh water used in treatment (bbl): 54724 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 3015557 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/11/2012 Hours: 24 Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: 5 Mcf Gas: 0 Bbl H2O: 200 GOR: 0

Test Method: Well Producing Casing PSI: 20 Tubing PSI: _____ Choke Size: 16/64

Gas Disposition: FLARED Gas Type: WET 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: Tiffany Stebbins

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

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400491392	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)