

FORM  
5A

Rev  
02/08

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:

2555017

**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: 100322  
2. Name of Operator: NOBLE ENERGY INC  
3. Address: 1625 BROADWAY STE 2200  
City: DENVER State: CO Zip: 80202  
4. Contact Name: ANDREA RAWSON  
Phone: (303) 228-4253  
Fax: (303) 228-4286

5. API Number 05-123-26968-00  
6. County: WELD  
7. Well Name: DILLARD USX AB  
Well Number: 03-16  
8. Location: QtrQtr: SESE Section: 3 Township: 7N Range: 64W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: LYONS Status: PRODUCING  
Treatment Date: 02/17/2009 Date of First Production this formation: 02/23/2009  
Perforations Top: 8820 Bottom: 8835 No. Holes: 30 Hole size: 43/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
FRAC'D LYONS W/175,494 GALS SLICKWATER AND 250,050 #S SAND.  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 03/20/2009 Hours: 24 Bbls oil: 108 Mcf Gas: 0 Bbls H2O: 64  
Calculated 24 hour rate: Bbls oil: 108 Mcf Gas: 0 Bbls H2O: 64 GOR: 0  
Test Method: FLOWING Casing PSI: 45 Tubing PSI: 5 Choke Size: 14/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1215 API Gravity Oil: 58  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 8772 Tbg setting date: 02/23/2009 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: ANDREA RAWSON  
Title: REGULATORY Date: 5/13/2010 Email: ARAWSON@NOBLEENERGYINC.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_

*David G. Neslin*

Director of COGCC

Date: 10/8/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555017	FORM 5A SUBMITTED	LF@2501703 2555017

Total Attach: 1 Files