

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:

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**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: Eileen Roberts  
Phone: (303) 2284330  
Fax: (303) 2284286

5. API Number 05-123-31069-00  
6. County: WELD  
7. Well Name: DILLARD AB  
Well Number: 10-07  
8. Location: QtrQtr: SWNE Section: 10 Township: 7N Range: 64W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: LYONS Status: PRODUCING

Treatment Date: 05/13/2010 Date of First Production this formation: 05/28/2010  
Perforations Top: 8792 Bottom: 8810 No. Holes: 72 Hole size: 42

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

Did not Frac Lyons Formation.

This formation is commingled with another formation: ☐ Yes ☒ No

**Test Information:**

Date: 05/28/2010 Hours: 22 Bbls oil: 526 Mcf Gas: 0 Bbls H2O: 1  
Calculated 24 hour rate: Bbls oil: 526 Mcf Gas: 0 Bbls H2O: 1 GOR: 0  
Test Method: Flowing Casing PSI: 3 Tubing PSI: 5 Choke Size: 0  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 0  
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: \_\_\_\_\_

Comment: \_\_\_\_\_

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

Signed: \_\_\_\_\_

Print Name: Eileen Roberts

Title: Regulatory Specialist

Date: \_\_\_\_\_

Email: eroberts@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: \_\_\_\_\_

**Director of COGCC**

Date: \_\_\_\_\_