

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



DE ET OE ES

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 4. Contact Name: Eileen Roberts
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284330
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
 City: DENVER State: CO Zip: 80202

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: _____