

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:

400100478

**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: TOM CAT Field Code: 82390

Completed Interval

FORMATION: <u>LYONS</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>05/13/2010</u>		Date of First Production this formation: <u>05/28/2010</u>		
Perforations	Top: <u>8792</u>	Bottom: <u>8810</u>	No. Holes: <u>72</u>	Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>Did not Frac Lyons Formation.</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>05/28/2010</u>	Hours: <u>22</u>	Bbls oil: <u>526</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>1</u>
Calculated 24 hour rate:		Bbls oil: <u>526</u>	Mcf Gas: <u>0</u>	Bbls H2O: <u>1</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>3</u>	Tubing PSI: <u>5</u>	Choke Size: <u>0</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>0</u>	API Gravity Oil: <u>0</u>	
Tubing Size: _____	Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: <div></div>				
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 10/14/2010 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: \_\_\_\_\_

*David G. Neslin*  
Director of COGCC

Date: 12/30/2010

**Attachment Check List**

Att Doc Num	Name
400100478	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)