

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 4. Contact Name: Justin Garrett  
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449  
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286  
City: DENVER State: CO Zip: 80202

5. API Number 05-123-31237-00 6. County: WELD  
7. Well Name: DILLARD USX AB Well Number: 09-99HZ  
8. Location: QtrQtr: NWNW Section: 9 Township: 7N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 06/07/2010 Date of First Production this formation: 06/25/2010  
Perforations Top: 6954 Bottom: 6954 No. Holes:          Hole size:           
Provide a brief summary of the formation treatment: Open Hole: ☐  
Frac'd Niobrara w/2774482 gals Silverstim adn Slick Water with 4994160 lbs Ottawa sand and SB Excel  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 06/30/2010 Hours: 24 Bbls oil: 466 Mcf Gas: 150 Bbls H2O: 300  
Calculated 24 hour rate: Bbls oil: 466 Mcf Gas: 150 Bbls H2O: 300 GOR: 322  
Test Method: Flowing Casing PSI: 1150 Tubing PSI: 200 Choke Size: 30/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1340 API Gravity Oil: 38  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7453 Tbg setting date: 12/21/2010 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: Justin Garrett  
Title: Regulatory Specialist Date:          Email JDGarrett@nobleenergyinc.com  
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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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)