

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 05-123-32075-00
6. County: WELD
7. Well Name: DLILLARD KG
Well Number: 34-13
8. Location: QtrQtr: SWSW Section: 34 Township: 8N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL	Status: PRODUCING
Treatment Date: 02/23/2011	Date of First Production this formation: 04/08/2011
Perforations Top: 6821 Bottom: 7125	No. Holes: 84 Hole size: 048/64
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
Frac'd Niobrara-Codell w/ 274838 gals of Silverstim and Slick Water with 492,040#'s of Ottawa sand.	
Commingled the Niobrara and Codell.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 04/21/2011 Hours: 24	Bbls oil: 5 Mcf Gas: 0 Bbls H2O: 9
Calculated 24 hour rate:	Bbls oil: 5 Mcf Gas: 0 Bbls H2O: 9 GOR: 0
Test Method: FLOWING	Casing PSI: 216 Tubing PSI: 216 Choke Size: 048/64
Gas Disposition: SOLD	Gas Type: WET BTU Gas: 1250 API Gravity Oil: 46
Tubing Size: _____	Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
Reason for Non-Production: _____	
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: _____ 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: _____

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)