

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:

400179352

**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 05-123-31488-00  
6. County: WELD  
7. Well Name: DILLARD AB  
Well Number: 10-11  
8. Location: QtrQtr: NESW Section: 10 Township: 7N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: LYONS Status: PLUGGED AND ABANDONED

Treatment Date: 07/01/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 8819 Bottom: 8829 No. Holes: 40 Hole size: 0.42

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

Lyons not Frac'd.

The Lyons is covered by a cast iron bridge plug and a cement plug.

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

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_ GOR: \_\_\_\_\_  
Test Method: \_\_\_\_\_ Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_

Reason for Non-Production:

The is Lyons under a cast iron bridge plug and 5 sacks of cement.

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 01/08/2010 Date of First Production this formation: 02/15/2011

Perforations Top: 6796 Bottom: 7020 No. Holes: 92 Hole size: 0

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

Frac'd Niobrara-Codell w/ 308758 gals of Silverstim and Slick Water with 521,120#'s of Ottawa sand.

Commingle the Niobrara and Codell.

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

**Test Information:**

Date: 02/25/2011 Hours: 24 Bbls oil: 21 Mcf Gas: 2 Bbls H2O: 8

Calculated 24 hour rate: Bbls oil: 21 Mcf Gas: 2 Bbls H2O: 8 GOR: 95

Test Method: FLOWING Casing PSI: 220 Tubing PSI: 220 Choke Size: 038/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1217 API Gravity Oil: 42

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: 6/28/2011 Email eroberts@nobleenergyinc.com

**Attachment Check List**

Att Doc Num	Name
400179352	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)