

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  
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: 05-123-31485-00  
6. County: WELD  
7. Well Name: DILLARD AB  
Well Number: 10-08  
8. Location: QtrQtr: SENE Section: 10 Township: 7N Range: 64W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: LYONS Status: PRODUCING  
Treatment Date: Date of First Production this formation: 02/04/2011  
Perforations Top: 8785 Bottom: 8805 No. Holes: 80 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole:   
Perfed not Frac'd.  
This formation is commingled with another formation:  Yes  No  
Test Information:  
Date: 02/08/2011 Hours: 24 Bbls oil: 1463 Mcf Gas: 0 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 1463 Mcf Gas: 0 Bbls H2O: 0 GOR: 0  
Test Method: FLOWING Casing PSI: 20 Tubing PSI: 20 Choke Size: 0  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 0 API Gravity Oil: 39  
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:  
Attn: Diana Burn.  
Thank you,  
Eileen

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**

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