

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 05-123-31485-00
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

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

Total: 0 comment(s)