

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:

400217063

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: Eileen Roberts

2. Name of Operator: NOBLE ENERGY INC

Phone: (303) 2284330

3. Address: 1625 BROADWAY STE 2200

Fax: (303) 2284286

City: DENVER State: CO Zip: 80202

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: 1/9/2012 eroberts@nobleenergyinc.com

Email  
:

### **Attachment Check List**

Att Doc Num	Name
400217063	FORM 5A SUBMITTED

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)