

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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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 05-123-30293-00  
6. County: WELD  
7. Well Name: DILLARD AB  
Well Number: 10-01  
8. Location: QtrQtr: NENE Section: 10 Township: 7N Range: 64W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: LYONS Status: PRODUCING

Treatment Date: 07/30/2010 Date of First Production this formation: 08/19/2010  
Perforations Top: 8788 Bottom: 8795 No. Holes: 72 Hole size: 42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Lyons not Frac'd or treated.

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 08/27/2010 Hours: 24 Bbls oil: 68 Mcf Gas: 0 Bbls H2O: 108  
Calculated 24 hour rate: Bbls oil: 68 Mcf Gas: 0 Bbls H2O: 108 GOR: 0  
Test Method: Flowing Casing PSI: 5 Tubing PSI: 5 Choke Size: 0  
Gas Disposition: SOLD Gas Type: WET BTU Gas: \_\_\_\_\_ API Gravity Oil: 41  
Tubing Size: 2 + 7/8 Tubing Setting Depth: 8750 Tbg setting date: 08/25/2010 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: \_\_\_\_\_

FORMATION: VIRGIL Status: ABANDONED COMPLETION

Treatment Date: 05/17/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 9425 Bottom: 10576 No. Holes: 0 Hole size: 0

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

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:

Too Wet.

Date formation Abandoned: 07/28/2010 Squeeze:  Yes  No If yes, number of sacks cmt 50

Bridge Plug Depth: 9200 Sacks cement on top: 2

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: \_\_\_\_\_