

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:

400102268

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: <u>LYONS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/30/2010</u>		Date of First Production this formation: <u>08/19/2010</u>	
Perforations	Top: <u>8788</u> Bottom: <u>8795</u>	No. Holes: <u>72</u>	Hole size: <u>42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>Lyons not Frac'd or treated.</u>			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>08/27/2010</u>	Hours: <u>24</u>	Bbls oil: <u>68</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>108</u>
Calculated 24 hour rate:		Bbls oil: <u>68</u>	Mcf Gas: <u>0</u> Bbls H2O: <u>108</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>5</u>	Tubing PSI: <u>5</u>	Choke Size: <u>0</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: _____	API Gravity Oil: <u>41</u>
Tubing Size: <u>2 + 7/8</u>	Tubing Setting Depth: <u>8750</u>	Tbg setting date: <u>08/25/2010</u>	Packer Depth: _____
Reason for Non-Production: _____ _____			
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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
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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: _____