

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number:

400123692

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: Justin Garrett
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4449
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-26969-00 6. County: WELD
7. Well Name: DILLARD USX AB Well Number: 03-09P
8. Location: QtrQtr: NESE Section: 3 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 10/29/2010 Date of First Production this formation: 11/28/2010
Perforations Top: 6766 Bottom: 7059 No. Holes: 96 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell & Niobrara are commingled
Codell 7047'-7059', 48 holes, .41"
Frac'd Codell w/133854 gals Silverstim, Acid, and Slick Water with 269420 lbs Ottawa sand
Niobrara 6766'-6903', 48 holes, .73"
Frac'd Niobrara w/174804 gals Silverstim and Slick Water with 250000 lbs Ottawa sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/04/2010 Hours: 24 Bbls oil: 98 Mcf Gas: 41 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 98 Mcf Gas: 41 Bbls H2O: 0 GOR: 420
Test Method: Flowing Casing PSI: 245 Tubing PSI: 245 Choke Size:
Gas Disposition: SOLD Gas Type: WET BTU Gas: API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6598 Tbg setting date: 11/05/2010 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:

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Justin Garrett

Title: Regulatory Specialist Date: _____ Email JDGarrett@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

User Group	Comment	Comment Date

Total: 0 comment(s)