

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400123721

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 05-123-31071-00 6. County: WELD  
 7. Well Name: DILLARD USX AB Well Number: 03-14P  
 8. Location: QtrQtr: SESW Section: 3 Township: 7N Range: 64W Meridian: 6  
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORRARA-CODELL Status: PRODUCING  
 Treatment Date: 11/08/2010 Date of First Production this formation: 12/08/2010  
 Perforations Top: 6738 Bottom: 7034 No. Holes: 52 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 Codell & Niobrara are commingled  
 Codell 7021'-7034', 52 holes, .41"  
 Frac'd Codell w/130830 gals Vistar, Acid, and Slick Water with 270306 lbs Ottawa sand  
 Niobrara 6738'-6924', 72 holes, .72"  
 Frac'd Niobrara w/231504 gals Vistar, Acid, and Slick Water with 364329 lbs Ottawa sand  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 12/21/2010 Hours: 24 Bbls oil: 44 Mcf Gas: 60 Bbls H2O: 0  
 Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 45 Mcf Gas: 60 Bbls H2O: 0 GOR: 1354  
 Test Method: Flowing Casing PSI: 240 Tubing PSI: 240 Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: \_\_\_\_\_ API Gravity Oil: \_\_\_\_\_  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6564 Tbg setting date: 11/17/2010 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  
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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: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)