

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

Document Number: 400134522

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 05-123-31057-00 6. County: WELD
7. Well Name: DILLARD USX AB Well Number: 5-15P
8. Location: QtrQtr: SWSE Section: 5 Township: 7N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 09/17/2010 Date of First Production this formation: 10/20/2010

Perforations Top: 6918 Bottom: 7211 No. Holes: 128 Hole size: 0

Provide a brief summary of the formation treatment: Open Hole: [ ]

Frac'd Niobrara-Codell w/ 501480 gals of Silverstim and Slick Water with 665,196#s of Ottawa sand.
Commingle Niobrara and Codell

This formation is commingled with another formation: [ ] Yes [X] No

Test Information:

Date: 10/25/2010 Hours: 24 Bbls oil: 79 Mcf Gas: 16 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 79 Mcf Gas: 16 Bbls H2O: 2 GOR: 203

Test Method: FLOWING Casing PSI: 211 Tubing PSI: 0 Choke Size: 0

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1262 API Gravity Oil: 38

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:

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: 2/17/2011 Email eroberts@nobleenergyinc.com  
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### **Attachment Check List**

Att Doc Num	Name
400134522	FORM 5A SUBMITTED

Total Attach: 1 Files

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

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