

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 4. Contact Name: Jennifer Barnett
 2. Name of Operator: NOBLE ENERGY INC Phone: (303) 228-4342
 3. Address: 1625 BROADWAY STE 2200 Fax: (303) 228-4286
 City: DENVER State: CO Zip: 80202

5. API Number 05-125-11901-00 6. County: YUMA
 7. Well Name: Gardner Trusts Well Number: 21-20
 8. Location: QtrQtr: NENW Section: 20 Township: 2N Range: 46W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/17/2010 Date of First Production this formation: 09/07/2010
 Perforations Top: 2551 Bottom: 2587 No. Holes: 108 Hole size: 0.45

Provide a brief summary of the formation treatment: _____ Open Hole:
 Frac: 500 gals 7.5% HCL acid breakdown, 10,000 gals 30% CO2 foam gel pads, 32,916 gals 30% CO2 foam gel, carrying 50,060 lbs 16/30 AZ & 50,060 lbs 12/20 Daniels sand. Avg. Psi: 723 psi, Avg. Fl. Rate: 13.8 bpm.

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/07/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 126 Bbls H2O: 0
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 126 Bbls H2O: 0 GOR: _____
 Test Method: Flowing Casing PSI: 476 Tubing PSI: _____ Choke Size: 0.5
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 990 API Gravity Oil: _____
 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: Jennifer Barnett

Title: Regulatory Analyst

Date: _____

Email jbarnett@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: _____