

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:

400143667

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-30889-00
6. County: WELD
7. Well Name: IGO FARMS J
Well Number: 28-20D
8. Location: QtrQtr: SWNW Section: 28 Township: 5N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 02/03/2011 Date of First Production this formation: 02/04/2011
Perforations Top: 7157 Bottom: 7490 No. Holes: 108 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell & Niobrara are commingled; the Codell is producing through composite flow through plug.
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/09/2011 Hours: 24 Bbls oil: 17 Mcf Gas: 158 Bbls H2O: 20
Calculated 24 hour rate: Bbls oil: 17 Mcf Gas: 158 Bbls H2O: 20 GOR: 9294
Test Method: Flowing Casing PSI: 1100 Tubing PSI: 0 Choke Size: 14/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 65
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: 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)