

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:

400156371

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 05-123-30895-00 6. County: WELD
 7. Well Name: IGO FARMS J Well Number: 28-31D
 8. Location: QtrQtr: SWNW Section: 28 Township: 5N Range: 66W Meridian: 6
 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIORARA-CODELL Status: PRODUCING
 Treatment Date: 02/10/2011 Date of First Production this formation: 02/11/2011
 Perforations Top: 7115 Bottom: 7446 No. Holes: 104 Hole size: _____
 Provide a brief summary of the formation treatment: _____ Open Hole:
 Codell & Niobrara are commingled; the Codell is producing through a composite flow through plug
 Codell 7432'-7446', 56 holes, .41"
 Frac'd Codell w/117198 gals Silverstim, Acid, and Slick Water with 244000 lbs Ottawa sand
 Niobrara 7115'-7256', 48 holes, .69"
 Frac'd Niobrara w/154436 gals Silverstim and Slick Water with 249000 lbs Ottawa sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 02/15/2011 Hours: 24 Bbls oil: 14 Mcf Gas: 15 Bbls H2O: 50
 Calculated 24 hour rate: Bbls oil: 14 Mcf Gas: 15 Bbls H2O: 50 GOR: 1071
 Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 20/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 60
 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)