

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number:

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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 05-123-30887-00
6. County: WELD
7. Well Name: IGO FARMS J
Well Number: 28-19D
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: 01/31/2011 Date of First Production this formation: 02/04/2011
Perforations Top: 7010 Bottom: 7346 No. Holes: 108 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
Codell & Niobrara are commingled; Codell is producing through composite flow through plug
Codell 7331-7346, 60 holes, .41"
Frac'd Codell w/116550 gals Silverstim, Acid, and Slick Water with 242208 lbs Preferred Rock
Niobrara 7010-7155, 48 holes, .73"
Frac'd Niobrara w/156198 gals Silverstim and Slick Water with 245852 lbs Ottawa sand
This formation is commingled with another formation: Yes No
Test Information:
Date: 02/11/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 157 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 157 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 250 Tubing PSI: 0 Choke Size: 20/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1263 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

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)