

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:

2555200

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: ANDREA RAWSON
2. Name of Operator: NOBLE ENERGY INC Phone: (303) 2284253
3. Address: 1625 BROADWAY STE 2200 Fax: (303) 2284286
City: DENVER State: CO Zip: 80202

5. API Number 05-123-30599-00 6. County: WELD
7. Well Name: BARTON C Well Number: 15-28D
8. Location: QtrQtr: SESW Section: 10 Township: 4N Range: 64W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING
Treatment Date: 03/10/2010 Date of First Production this formation: 03/06/2010
Perforations Top: 6638 Bottom: 6913 No. Holes: 100 Hole size:
Provide a brief summary of the formation treatment: Open Hole:
COMMINGLE CODELL AND NIOBRARA
This formation is commingled with another formation: Yes No
Test Information:
Date: 03/19/2010 Hours: 24 Bbls oil: 85 Mcf Gas: 384 Bbls H2O: 25
Calculated 24 hour rate: Bbls oil: 85 Mcf Gas: 384 Bbls H2O: 25 GOR: 4517
Test Method: FLOWING Casing PSI: 1250 Tubing PSI: 800 Choke Size: 12/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1014 API Gravity Oil: 46
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6874 Tbg setting date: 03/10/2010 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: ANDREA RAWSON
Title: REGULATORY SPECIALIST Date: 5/27/2010 Email: ARAWSON@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: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 11/19/2010

**Attachment Check List**

Att Doc Num	Name
2555200	FORM 5A SUBMITTED

Total Attach: 1 Files