

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/03/2010 Date of First Production this formation: 06/05/2010

Perforations Top: 6616 Bottom: 6910 No. Holes: 124 Hole size: _____

Provide a brief summary of the formation treatment: _____ Open Hole:

Codell & Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/11/2010 Hours: 24 Bbls oil: 60 Mcf Gas: 277 Bbls H2O: 39

Calculated 24 hour rate: Bbls oil: 60 Mcf Gas: 277 Bbls H2O: 39 GOR: 4617

Test Method: Flowing Casing PSI: 825 Tubing PSI: 0 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1268 API Gravity Oil: 50

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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/03/2010 Date of First Production this formation: 06/05/2010

Perforations Top: 6616 Bottom: 6816 No. Holes: 72 Hole size: 73/100

Provide a brief summary of the formation treatment: _____ Open Hole:

Niobrara producing through composite flow through plugs
Frac'd Niobrara w/ 271412 gals Silverstim, Acid, and Slick Water with 401214.2 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ 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: 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: _____