

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/27/2010 Date of First Production this formation: 05/14/2010

Perforations Top: 6818 Bottom: 7124 No. Holes: 112 Hole size: 0

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

Commingled Codell / Niobrara

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/21/2010 Hours: 24 Bbls oil: 13 Mcf Gas: 164 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 13 Mcf Gas: 164 Bbls H2O: 3 GOR: 12615

Test Method: Flowing Casing PSI: 310 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1267 API Gravity Oil: 58

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: 04/27/2010 Date of First Production this formation: 05/14/2010

Perforations Top: 6818 Bottom: 6957 No. Holes: 48 Hole size: 73

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

Frac'd Niobrara w/ 177912 gals of Silverstim and Slick Water with 249,983#'s of 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: Eileen Roberts

Title: Regulatory Specialist

Date: _____

Email: eroberts@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: _____