

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

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 05-123-17290-00 6. County: WELD
7. Well Name: BERNHARDT Well Number: 7-31
8. Location: QtrQtr: SWSE Section: 7 Township: 4N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED

Treatment Date: 06/25/2010 Date of First Production this formation: 12/14/1993

Perforations Top: 7464 Bottom: 7475 No. Holes: 80 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

The Codell (& Niobrara B & C benches) covered by a temporary bridge plug for Niobrara recompleate 6/10/10 Unplugged to commingle Niobrara and Codell 6/25/10

This formation is commingled with another formation: [X] 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:

Temporary Bridge plug set 7217'-7224' on 6/10/10 1 sks sand on top of plug

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/25/2010 Date of First Production this formation: 06/27/2010

Perforations Top: 7152 Bottom: 7475 No. Holes: 240 Hole size: _____

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

Codell & Niobrara commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/27/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 178 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 178 Bbls H2O: 2 GOR: 25428

Test Method: Flowing Casing PSI: 600 Tubing PSI: 500 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1292 API Gravity Oil: 57

Tubing Size: 2 + 1/16 Tubing Setting Depth: 7438 Tbg setting date: 07/20/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 06/10/2010 Date of First Production this formation: 06/27/2010

Perforations Top: 7152 Bottom: 7350 No. Holes: 160 Hole size: 27/100

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

Niobrara recomplete
Niobrara B & C benches under temp bridge plug for Niobrara recomplete
Frac'd Niobrara w/ 267288 gals Vistar, Acid, and Slick Water with 393280 lbs Ottawa sand
Niobrara commingled with Codell upon recompletion 6/27/10

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/09/2010 Hours: 24 Bbls oil: 15 Mcf Gas: 104 Bbls H2O: 6

Calculated 24 hour rate: Bbls oil: 15 Mcf Gas: 104 Bbls H2O: 6 GOR: 6933

Test Method: Flowing Casing PSI: 165 Tubing PSI: 0 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1293 API Gravity Oil: 57

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: _____