

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/21/2010 Date of First Production this formation: 08/21/2010

Perforations Top: 6946 Bottom: 7270 No. Holes: 252 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: 10/01/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 47 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 47 Bbls H2O: 0 GOR: 6714

Test Method: Flowing Casing PSI: 715 Tubing PSI: 6 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1262 API Gravity Oil: 58

Tubing Size: 1 + 66/100 Tubing Setting Depth: 7237 Tbg setting date: 09/14/2010 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: 08/20/2010 Date of First Production this formation: 08/21/2010

Perforations Top: 6946 Bottom: 7084 No. Holes: 128 Hole size: 27/100

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

Codell & Niobrara are commingled after Niobrara recomplete

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: _____