

FORMATION: NIORRARA-CODELL Status: PRODUCING

Treatment Date: 09/22/2010 Date of First Production this formation: 09/06/1993

Perforations Top: 7598 Bottom: 7892 No. Holes: 175 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: 10/12/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 190 Bbls H2O: 16

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 190 Bbls H2O: 16 GOR: 11875

Test Method: Flowing Casing PSI: 900 Tubing PSI: 350 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1276 API Gravity Oil: 59

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7857 Tbg setting date: 09/30/2010 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: NIORRARA Status: COMMINGLED

Treatment Date: 09/22/2010 Date of First Production this formation: 09/06/1993

Perforations Top: 7598 Bottom: 7730 No. Holes: 70 Hole size: 73/100

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

Niobrara frac
Frac'd Niobrara w/176038 gals Vistar, Acid, and Slick Water with 250000 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/28/2010 Hours: 24 Bbls oil: 3 Mcf Gas: 100 Bbls H2O: 2

Calculated 24 hour rate: Bbls oil: 3 Mcf Gas: 100 Bbls H2O: 2 GOR: 33333

Test Method: Flowing Casing PSI: 200 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1275 API Gravity Oil: 60

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: _____