

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/25/2011 Date of First Production this formation: 06/01/1993

Perforations Top: 6988 Bottom: 7301 No. Holes: 172 Hole size: _____

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

Codell & Niobrara are commingled after Niobrara refrac 3/29/2011
Codell 7285'-7301', 88 holes
Niobrara 6988'-7151', 84 holes

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/27/2011 Hours: 24 Bbls oil: 9 Mcf Gas: 257 Bbls H2O: 9

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 257 Bbls H2O: 9 GOR: 28556

Test Method: Flowing Casing PSI: 900 Tubing PSI: 500 Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1235 API Gravity Oil: 60

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7265 Tbg setting date: 04/18/2011 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: 04/17/2011 Date of First Production this formation: 06/01/1993

Perforations Top: 6988 Bottom: 7151 No. Holes: 84 Hole size: _____

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

Niobrara refrac 3/29/11; Codell was under sand plug
Sand plug removed 4/18/2011 to commingle with Niobrara
Frac'd Niobrara w/157422 gals Vistar, Acid, and Slick Water with 248500 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 04/08/2011 Hours: 24 Bbls oil: 6 Mcf Gas: 163 Bbls H2O: 7

Calculated 24 hour rate: Bbls oil: 6 Mcf Gas: 163 Bbls H2O: 7 GOR: 27167

Test Method: Flowing Casing PSI: 400 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1235 API Gravity Oil: 64

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: _____ JDGarrett@nobleenergyinc.com

Email
:

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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)