

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

COMPLETED INTERVAL REPORT

Document Number: 400190329

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
2. Name of Operator: NOBLE ENERGY INC
3. Address: 1625 BROADWAY STE 2200
City: DENVER State: CO Zip: 80202
4. Contact Name: Eileen Roberts
Phone: (303) 2284330
Fax: (303) 2284286

5. API Number 05-123-31880-00
6. County: WELD
7. Well Name: Cody D
Well Number: 03-28
8. Location: QtrQtr: NWNE Section: 3 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/01/2011 Date of First Production this formation: 06/03/2011

Perforations Top: 6653 Bottom: 6876 No. Holes: 100 Hole size: 0

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

Frac'd Niobrara-Codell w 269145 gals of Silverstim and Slick Water with 492,640#'s of Ottawa sand.
The Codell is producing through a Composit Flow Through Plug.
Commingle the Niobrara and Codell.

This formation is commingled with another formation: [] Yes [X] No

Test Information:
Date: 06/10/2011 Hours: 24 Bbls oil: 61 Mcf Gas: 250 Bbls H2O: 25
Calculated 24 hour rate: Bbls oil: 61 Mcf Gas: 250 Bbls H2O: 25 GOR: 4098
Test Method: FLOWING Casing PSI: 950 Tubing PSI: 0 Choke Size: 010/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1358 API Gravity Oil: 55
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

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400190329 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| User Group | Comment | Comment Date |
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Total: 0 comment(s)