

FORMATION: J SAND Status: PRODUCING

Treatment Date: 04/19/2011 Date of First Production this formation: 05/17/2011
Perforations Top: 7881 Bottom: 7921 No. Holes: 116 Hole size: 0.4

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

Frac'd J-Sand w/ 149875 gals of Silverstim and Slick Water with 280,000#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/20/2011 Hours: 24 Bbls oil: 55 Mcf Gas: 559 Bbls H2O: 76
Calculated 24 hour rate: Bbls oil: 55 Mcf Gas: 559 Bbls H2O: 76 GOR: 10163
Test Method: FLOWING Casing PSI: 1604 Tubing PSI: 1062 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 56
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: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 04/19/2011 Date of First Production this formation: 05/17/2011
Perforations Top: 7170 Bottom: 7416 No. Holes: 100 Hole size: 0

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

Frac'd the Nobrara-Codell w/ 272955 gals of Silverstim and Slick Water with 493,000#'s of Ottawa sand.

Commingle the Niobrara and Codell.

This formation is commingled with another formation: Yes No

Test Information:

Date: 05/20/2011 Hours: 24 Bbls oil: 55 Mcf Gas: 559 Bbls H2O: 76
Calculated 24 hour rate: Bbls oil: 55 Mcf Gas: 559 Bbls H2O: 76 GOR: 10163
Test Method: FLOWING Casing PSI: 1604 Tubing PSI: 1062 Choke Size: 012/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1243 API Gravity Oil: 56
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
Title: Regulatory Specialist Date: 9/29/2011 Email : eroberts@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400209878	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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