

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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COMPLETED INTERVAL REPORT

Document Number: 400209833

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: Justin Garrett
Phone: (303) 228-4449
Fax: (303) 228-4286

5. API Number 05-123-16848-00
6. County: WELD
7. Well Name: CYDNEY WHITE
Well Number: D 33-1
8. Location: QtrQtr: NENE Section: 33 Township: 3N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/16/2010 Date of First Production this formation: 06/02/2010

Perforations Top: 7011 Bottom: 6892 No. Holes: 220 Hole size:

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

Codell & Niobrara are commingled; Sand plug removed from Codell to commingle with Niobrara after Niobrara recomplete
Codell 7011'-7024', 92 holes
Niobrara 6772'-6892', 128 holes

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

Test Information:

Date: 06/25/2011 Hours: 24 Bbls oil: 27 Mcf Gas: 21 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 27 Mcf Gas: 21 Bbls H2O: 0 GOR: 778

Test Method: Flowing Casing PSI: 750 Tubing PSI: 650 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1295 API Gravity Oil: 51

Tubing Size: 1 + 1/2 Tubing Setting Depth: 6990 Tbg setting date: 06/11/2010 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:

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: 9/29/2011 Email JDGarrett@nobleenergyinc.com

Attachment Check List

Att Doc Num	Name
400209833	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

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