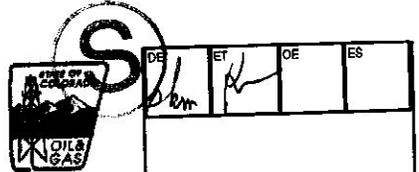




State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303)894-2100 Fax: (303)894-2109



RECEIVED FEB 13 2009 COGCC

COMPLETED INTERVAL REPORT

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, Suite 2200
City: Denver State: CO Zip: 80202
4. Contact Name: Andrea Rawson
Phone: (303) 228-4253
Fax: 303-228-4286
5. API Number 05-123-11315
6. County: Weld
7. Well Name: Thompson Well Number: 01
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESE, Sec 28, T4N, R64W

Complete the Attachment Checklist

OP OGCC

wellbore diagram

FORMATION: Codell / Niobrara Status: Commingled

Treatment Date: Date of First Production this formation:

Perforations Top: 6624 Bottom: 6902 No. Holes: 160 Hole size: Open Hole

Provide a brief summary of the formation treatment: Commingled Codell and Niobrara.

This formation is commingled with another formation

Test Information: Date: 11/19/2008 Hours: 24 Bbls oil: 1 Mcf Gas: 4 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 1 Mcf Gas: 4 Bbls H2O: 0 GOR: 4000
Test Method: Flowing Casing PSI: 900 Tubing PSI: 880 Choke size: 16
Gas Disposition: Sold Gas Type: Wet BTU Gas: 1.307 API Gravity Oil: 53.9
Tubing Size: 2-3/8 Tubing Setting Depth: 6861 Tbg setting date: 11/3/2008 Packer Depth: NA

Reason for Non-Production:

Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: Status:

Treatment Date: Date of First Production this formation:

Perforations Top: Bottom: No. Holes: Hole size: Open Hole

Provide a brief summary of the formation treatment:

This formation is commingled with another formation

Test Information: Date: Hours: Bbls oil: Mcf Gas: Bbls H2O:
Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: Casing PSI: Tubing PSI: Choke size:
Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.
Print Name: Andrea Rawson Email: arawson@nobleenergyinc.com
Signature: [Handwritten Signature] Title: Regulatory Specialist Date: 2/11/09