

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

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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 STE 2200 City: DENVER State: CO Zip: 80202 4. Contact Name: Eileen Roberts Phone: (303) 2284330 Fax: (303) 2284286

5. API Number 05-123-30882-00 6. County: WELD 7. Well Name: HP FARMS USX Y 8. Location: QtrQtr: SENW Section: 17 Township: 2N Range: 64W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: J-NIOBRARA Status: COMMINGLED

Treatment Date: 08/24/2010 Date of First Production this formation: 09/15/2010 Perforations Top: 6874 Bottom: 7549 No. Holes: 80 Hole size: 0

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

Comingle Niobrara / J-Sand

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

Test Information:

Date: 09/24/2010 Hours: 24 Bbls oil: 28 Mcf Gas: 92 Bbls H2O: 11

Calculated 24 hour rate: Bbls oil: 28 Mcf Gas: 92 Bbls H2O: 11 GOR: 3286

Test Method: Flowing Casing PSI: 360 Tubing PSI: 0 Choke Size: 012/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1248 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:

FORMATION: J SAND Status: PRODUCING

Treatment Date: 08/24/2010 Date of First Production this formation: 09/15/2010

Perforations Top: 7519 Bottom: 7549 No. Holes: 32 Hole size: 41

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

frac'd J-Sand w/ 150365 gals of Silverstim and Slick Water with 277,380#'s of Ottawa sand.

The J-Sand is producing through a Composite Flow Through Plug.

This formation is commingled with another formation: Yes No

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: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/24/2010 Date of First Production this formation: 09/15/2010

Perforations Top: 6874 Bottom: 6966 No. Holes: 48 Hole size: 73

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

Frac'd Niobrara w/ 173869 gals of Silverstim and Slick Water with 250,400#'s of Ottawa sand.

This formation is commingled with another formation: Yes No

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: _____ 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: _____

Email: eroberts@nobleenergyinc.com

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: _____