

FORMATION: DAKOTA Status: ABANDONED COMPLETION

Treatment Date: 05/19/2010 Date of First Production this formation: 08/13/2002

Perforations Top: 7262 Bottom: 7280 No. Holes: 72 Hole size: _____

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

Dakota under permanent bridge 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: _____

Set 7180'-7183' with 25 sacks of cement on top of CIFP 5/19/10

Date formation Abandoned: 05/19/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7180 Sacks cement on top: 25

FORMATION: J-NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 06/04/2010 Date of First Production this formation: 08/29/2004

Perforations Top: 6348 Bottom: 7012 No. Holes: 240 Hole size: _____

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

J-Sand, Niobrara, and Codell commingled
Nothing happened to Niobrara or J-Sand during plugging Dakota or Codell refrac

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/01/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 11 Bbls H2O: 1

Calculated 24 hour rate: _____ Bbls oil: 7 Mcf Gas: 11 Bbls H2O: 1 GOR: 1571

Test Method: Flowing Casing PSI: 930 Tubing PSI: 930 Choke Size: 58/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1308 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6936 Tbg setting date: 06/14/2010 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: _____

Email: JDGarrett@nobleenergyinc.com

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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: _____