

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 08/10/2010 Date of First Production this formation: 10/21/1993

Perforations Top: 6666 Bottom: 6949 No. Holes: 156 Hole size: _____

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

Codell & Niobrara are commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/17/2010 Hours: 24 Bbls oil: 16 Mcf Gas: 115 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 16 Mcf Gas: 115 Bbls H2O: 5 GOR: 7188

Test Method: Flowing Casing PSI: 650 Tubing PSI: 600 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1256 API Gravity Oil: 51

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6920 Tbg setting date: 08/06/2010 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: _____

FORMATION: NIOBRARA Status: COMMINGLED

Treatment Date: 07/21/2010 Date of First Production this formation: 10/21/1993

Perforations Top: 6666 Bottom: 6811 No. Holes: 84 Hole size: _____

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

Niobrara refrac
Frac'd Niobrara w/172032 gals Vistar, Acid, and Slick Water with 247033 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/30/2010 Hours: 24 Bbls oil: 20 Mcf Gas: 85 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 20 Mcf Gas: 85 Bbls H2O: 0 GOR: 4250

Test Method: Flowing Casing PSI: 300 Tubing PSI: 0 Choke Size: 14/64

Gas Disposition: SOLD Gas Type: WET 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: Justin Garrett

Title: Regulatory Specialist Date: _____ Email: JDGarrett@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: _____