

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/28/2010 Date of First Production this formation: 05/31/2010

Perforations Top: 6828 Bottom: 7130 No. Holes: 176 Hole size: _____

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

Codell & Niobrara commingled

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/18/2010 Hours: 24 Bbls oil: 5 Mcf Gas: 60 Bbls H2O: 3

Calculated 24 hour rate: Bbls oil: 5 Mcf Gas: 60 Bbls H2O: 3 GOR: 12000

Test Method: Flowing Casing PSI: 945 Tubing PSI: 780 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1316 API Gravity Oil: 52

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7092 Tbg setting date: 06/08/2010 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: 05/28/2010 Date of First Production this formation: 05/31/2010

Perforations Top: 6828 Bottom: 6908 No. Holes: 56 Hole size: 73/100

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

Niobrara Recomplete
The Codell was covered by a sand plug - the Niobrara/Codell shows when the sand plug was removed
Frac'd Niobrara w/ 160288 gals Vistar, Acid, and Slick Water with 250000 lbs Ottawa sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 06/03/2010 Hours: 24 Bbls oil: 2 Mcf Gas: 40 Bbls H2O: 5

Calculated 24 hour rate: Bbls oil: 2 Mcf Gas: 40 Bbls H2O: 5 GOR: 20000

Test Method: Flowing Casing PSI: 175 Tubing PSI: 0 Choke Size: 16/64

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: _____