

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with columns 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: Justin Garrett Phone: (303) 228-4449 Fax: (303) 228-4286

5. API Number 05-123-16294-00 6. County: WELD 7. Well Name: TURK WHITE D Well Number: 19-8 8. Location: QtrQtr: SENE Section: 19 Township: 3N Range: 64W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Date: 09/04/2010 Date of First Production this formation: 05/27/1993 Perforations Top: 7007 Bottom: 7019 No. Holes: 88 Hole size: Provide a brief summary of the formation treatment: Open Hole: Codell commingled w/Niobrara upon Niobrara recomplete This formation is commingled with another formation: [X] 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-CODELL Status: PRODUCING

Treatment Date: 09/04/2010 Date of First Production this formation: 09/04/2010

Perforations Top: 6774 Bottom: 7019 No. Holes: 152 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: 09/23/2010 Hours: 24 Bbls oil: 7 Mcf Gas: 72 Bbls H2O: 10

Calculated 24 hour rate: Bbls oil: 7 Mcf Gas: 72 Bbls H2O: 10 GOR: 10286

Test Method: Flowing Casing PSI: 700 Tubing PSI: 600 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1296 API Gravity Oil: 50

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6984 Tbg setting date: 09/17/2010 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: 09/02/2010 Date of First Production this formation: 09/04/2010

Perforations Top: 6774 Bottom: 6888 No. Holes: 64 Hole size: 73/100

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

Niobrara recomplete
Frac'd Niobrara w/17310 gals Vistar, Acid, and Slick Water with 250000 lbs 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: 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: _____