

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Andrea Rawson

Title: Regulatory Specialist

Date: 4/18/2011

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Attachment Check List

Att Doc Num	Name
400154727	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	e-mailed operator requesting clarification of Niobrara and Codell formation top and perforated intervals. The reported perf intervals do not match the reported formation tops.	6/21/2011 11:48:19 AM

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