

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with 4 columns: DE, ET, OE, ES

Document Number: 400203669

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 05-123-31223-00
6. County: WELD
7. Well Name: MARLEY C
Well Number: 01-30D
8. Location: QtrQtr: NWNW Section: 1 Township: 4N Range: 64W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 05/13/2011 Date of First Production this formation: 07/19/2011

Perforations Top: 6571 Bottom: 6783 No. Holes: 96 Hole size:

Provide a brief summary of the formation treatment: Open Hole: []

Codell & Niobrara are commingled
Niobrara 6571'-6650', 48 holes, .73"
Frac'd Niobrara w/150014 gals Silverstim and Slick Water with 247000 lbs Ottawa sand
Codell 6771'-6783', 48 holes, .41"
Frac'd Codell w/115313 gals Silverstim, 15% HCl, and Slick Water with 245000 lbs Ottawa sand

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 07/22/2011 Hours: 24 Bbls oil: 53 Mcf Gas: 110 Bbls H2O: 20

Calculated 24 hour rate: Bbls oil: 53 Mcf Gas: 110 Bbls H2O: 20 GOR: 2075

Test Method: Flowing Casing PSI: 1450 Tubing PSI: 0 Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1285 API Gravity Oil: 45

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: 9/8/2011

Email: JDGarrett@nobleenergyinc.com

Attachment Check List

| Att Doc Num | Name |
|--------------------|-------------------|
| 400203669 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

| <u>User Group</u> | <u>Comment</u> | <u>Comment Date</u> |
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