

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



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Document Number:

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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: Andrea Rawson
Phone: (303) 228-4253
Fax: (303) 228-4286

5. API Number 05-123-22274-00
6. County: WELD
7. Well Name: TENNYSON I
Well Number: 34-25
8. Location: QtrQtr: NESW Section: 34 Township: 6N Range: 66W Meridian: 6
9. Field Name: BRACEWELL Field Code: 7487

Completed Interval

FORMATION: CODELL Status: PRODUCING

Treatment Date: 09/01/2011 Date of First Production this formation: 10/18/2011
Perforations Top: 7174 Bottom: 7190 No. Holes: 64 Hole size:

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

Re-Frac'd Codell w/ 132,218 gals of Slick Water and Vistar 24,25, and 26 with 245,000#'s of Ottawa sand.

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 10/21/2011 Hours: 24 Bbls oil: 12 Mcf Gas: 120 Bbls H2O: 11
Calculated 24 hour rate: Bbls oil: 12 Mcf Gas: 120 Bbls H2O: 11 GOR: 10000
Test Method: Flowing Casing PSI: 560 Tubing PSI: 430 Choke Size: 32
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1266 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7159 Tbg setting date: 09/08/2011 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: Andrea Rawson

Title: Regulatory Specialist Date: Email arawson@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: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)