

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:

2555258

**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: 47120 4. Contact Name: CINDY VUE  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-29519-00 6. County: WELD  
7. Well Name: RASMUSSEN FEDERAL Well Number: 35-29  
8. Location: QtrQtr: SESW Section: 29 Township: 2N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: <u>CODELL</u>	Status: <u>COMMINGLED</u>
Treatment Date: <u>10/08/2009</u>	Date of First Production this formation: <u>01/26/2010</u>
Perforations Top: <u>7607</u> Bottom: <u>7625</u>	No. Holes: <u>54</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>205,426 GALS FLUID &amp; 151,260 LBS 40/70 SAND &amp; 4,000 LBS 20/40 SB EXCEL.</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

FORMATION: <u>NIOBRARA-CODELL</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>10/09/2009</u>		Date of First Production this formation: <u>01/26/2010</u>			
Perforations	Top: <u>7302</u>	Bottom: <u>7625</u>	No. Holes: <u>120</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>02/10/2010</u>	Hours: _____	Bbls oil: _____	Mcf Gas: _____	Bbls H2O: _____	
Calculated 24 hour rate:		Bbls oil: <u>39</u>	Mcf Gas: <u>112</u>	Bbls H2O: <u>0</u>	GOR: <u>2872</u>
Test Method: <u>FLOWING</u>		Casing PSI: <u>2000</u>	Tubing PSI: _____	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>		Gas Type: <u>WET</u>	BTU Gas: <u>1246</u>	API Gravity Oil: <u>51</u>	
Tubing Size: _____		Tubing Setting Depth: _____	Tbg setting date: _____	Packer Depth: _____	
Reason for Non-Production: _____					
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____					
Bridge Plug Depth: _____ Sacks cement on top: _____					

FORMATION: <u>NIOBRARA</u>			Status: <u>COMMINGLED</u>		
Treatment Date: <u>10/09/2009</u>		Date of First Production this formation: <u>01/26/2010</u>			
Perforations	Top: <u>7302</u>	Bottom: <u>7494</u>	No. Holes: <u>66</u>	Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
500 GALS ACID & 242,974 GALS FLUID & 200,260 LBS 40/70 SAND & 4,000 LBS 20/40 SB EXCEL.					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
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: <input type="checkbox"/> Yes <input type="checkbox"/> 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: CINDY VUE

Title: REGULATORY Date: 6/2/2010 Email: CINDY.VUE@ANADARKO.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: David S. Neslin Director of COGCC Date: 10/12/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2555258	FORM 5A SUBMITTED	LF@2503119 2555258

Total Attach: 1 Files