

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 columns DE, ET, OE, ES

Document Number:

400099792

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not)...

1. OGCC Operator Number: 47120
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP
3. Address: P O BOX 173779
4. Contact Name: Kenny Trueax
Phone: (720) 929-6383
Fax: (720) 929-7383
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30879-00
6. County: WELD
7. Well Name: RASMUSSEN
Well Number: 25-29
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: NIOBRARA-CODELL Status: SHUT IN
Treatment Date: 07/07/2010 Date of First Production this formation: 08/16/2010
Perforations Top: 7702 Bottom: 8012 No. Holes: 128 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []
NB Perfs: 7702-7874 Holes: 64 Size 0.42 CD Perfs: 7996-8012 Holes 64 Size: 0.38
Frac NB: w/ 252 gal 15% HCl & 246,792 gal SW w/ 200,300# 40/70 sand, 4,080# SB Excel sand
Frac CD: w/ 203,826 gal SW w/ 150,140# 40/70 sand, 4,060# SB Excel sand
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 08/16/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1000 Tubing PSI: Choke Size: 10
Gas Disposition: SOLD Gas Type: WET BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:
Well is completed but SI due to pressure build up issues
Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:

Comment:
Well is SI due to pressure buildup issues. Will resubmit IP once well goes back online or is recompleted.

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

Signed: _____

Print Name: Kenny Trueax

Title: Regulatory Analyst II

Date: _____

Email: Kenny.Trueax@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: _____

Director of COGCC

Date: _____