

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

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: <u>NIOBRARA-CODELL</u>	Status: <u>SHUT IN</u>
Treatment Date: <u>07/07/2010</u>	Date of First Production this formation: <u>08/16/2010</u>
Perforations Top: <u>7702</u> Bottom: <u>8012</u>	No. Holes: <u>128</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
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: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/16/2010</u> Hours: <u>0</u>	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>0</u> Bbls H2O: <u>0</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1000</u> Tubing PSI: <u> </u> Choke Size: <u>10</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u> </u> API Gravity Oil: <u> </u>
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u>	Tbg setting date: <u> </u> Packer Depth: <u> </u>
Reason for Non-Production:	
<u>Well is completed but SI due to pressure build up issues</u>	
Date formation Abandoned: <u> </u>	Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>
Bridge Plug Depth: <u> </u>	Sacks cement on top: <u> </u>

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

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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: _____