

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400088539

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 05-123-30860-00
6. County: WELD
7. Well Name: RASMUSSEN
Well Number: 39-29
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: PRODUCING

Treatment Date: 07/19/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 7658 Bottom: 7974 No. Holes: 130 Hole size: 0.47

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

NB Perf: 7658-7840 Holes: 66 Size: .47 CD Perf: 7958-7974 Holes: 64 Size: .38
Frac NB w/ 252 gal 15% HCl & 245,616 gal SW w/ 200,620# 40/70 sand, 4,120# SB Excel sand
Frac CD w/ 201,936 gal SW w/ 150,440# 40/70 sand, 4,040# SB Excel sand

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

Test Information:

Date: 08/26/2010 Hours: 24 Bbls oil: 55 Mcf Gas: 228 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 55 Mcf Gas: 228 Bbls H2O: 0 GOR: 4145

Test Method: Flowing Casing PSI: 1000 Tubing PSI: Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 49

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: Kenny Trueax

Title: Regulatory Analyst II Date: 8/30/2010 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:

David S. Neslin

Director of COGCC

Date: 12/6/2010

Attachment Check List

Att Doc Num	Name
400088539	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)