

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:

400089225

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

5. API Number 05-123-30876-00 6. County: WELD
7. Well Name: RASMUSSEN Well Number: 10-29
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>07/06/2010</u>		Date of First Production this formation: <u>08/19/2010</u>		
Perforations	Top: <u>8206</u>	Bottom: <u>8222</u>	No. Holes: <u>64</u>	Hole size: <u>38/100</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<div>J Sand Perfs: 8206-8222 Size .38 Holes: 64 Frac J Sand w/ 146,454 gal SW w/ 115,040# 40/70 sand, 4,040# SB Excel sand</div>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Test Information:				
Date: <u>08/19/2010</u>	Hours: <u>24</u>	Bbls oil: <u>37</u>	Mcf Gas: <u>87</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>37</u>	Mcf Gas: <u>87</u>	Bbls H2O: <u>0</u> GOR: <u>2351</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>1000</u>	Tubing PSI: <u></u>	Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1245</u>	API Gravity Oil: <u>49</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <div></div>				
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>				

FORMATION: NIOBRARA-CODELL Status: PRODUCING

Treatment Date: 07/09/2010 Date of First Production this formation: _____

Perforations Top: 7470 Bottom: 7788 No. Holes: 126 Hole size: 42/100

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

NB Perf: 7474-7650 Holes: 64 Size: .42 CD Perf: 7772-7788 Holes: 64 Size .42
Frac NB w/ 504 gal 15% HCl & 249,480 gal SW w/ 200,340# 40/70 sand & 4,100# 20/40 SB Excel sand
Frac CD w/ 204,036 gal SW w/ 150,880# 40/70 sand & 4,060# 20/40 SB Excel sand

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

Test Information:

Date: 08/19/2010 Hours: 24 Bbls oil: 37 Mcf Gas: 87 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 37 Mcf Gas: 87 Bbls H2O: 0 GOR: 2351

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: 8/31/2010 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: 1/6/2011

Attachment Check List

Att Doc Num	Name
400089225	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)