

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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COMPLETED INTERVAL REPORT

Document Number:

400109437

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 05-123-30857-00 6. County: WELD
 7. Well Name: RASMUSSEN Well Number: 16-29
 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: 10/21/2010 Date of First Production this formation: 11/02/2010

Perforations Top: 7408 Bottom: 7716 No. Holes: 120 Hole size: 0.42

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

Perf NB 7408-7579 Holes 60 Size 0.42 Perf CD 7696-7716 Holes 60 Size 0.38
 Frac NB w/ 250 gal 15% HCl & 249,295 gal SW w/ 201,100# 40/70 sand & 4,000# 20/40 SuperLC
 Frac CD w/ 198,334 gal SW w/ 150,440# 40/70 & 4,000# SuperLC

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/14/2010 Hours: 24 Bbls oil: 142 Mcf Gas: 218 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 142 Mcf Gas: 218 Bbls H2O: 0 GOR: 1535

Test Method: FLOWING Casing PSI: 1085 Tubing PSI: _____ Choke Size: 12/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 51

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: Cindy Vue

Title: Regulatory Analyst II Date: 11/17/2010 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: 1/18/2011

Attachment Check List

Att Doc Num	Name
400109437	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)