

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:

400109437

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: 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
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Perforations	Top:	7408	Bottom:	7716	No. Holes:	120	Hole size:	0.42
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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
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Calculated 24 hour rate:	Bbls oil:	142	Mcf Gas:	218	Bbls H2O:	0	GOR:	1535
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Test Method: FLOWING	Casing PSI: 1085	Tubing PSI:	Choke Size: 12/64
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Gas Disposition:	SOLD	Gas Type:	WET	BTU Gas:	1255	API Gravity Oil:	51
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Tubing Size:	Tubing Setting Depth:	Tbg setting date:	Packer Depth:
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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)