

**FORM
5**Rev
02/08State 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

Document Number:

2555255

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-123-29519-00 6. County: WELD
7. Well Name: RASMUSSEN FEDERAL Well Number: 35-29
8. Location: QtrQtr: SESW Section: 29 Township: 2N Range: 68W Meridian: 6
Footage at surface: Distance: 483 feet Direction: FSL Distance: 2086 feet Direction: FWL
As Drilled Latitude: 40.103684 As Drilled Longitude: -105.029407

GPS Data:

Data of Measurement: 10/14/2009 PDOP Reading: 1.9 GPS Instrument Operator's Name: RENEE DOIRON

** If directional footage

at Top of Prod. Zone Distance: 64 feet Direction: FSL Distance: 1288 feet Direction: FWL
Sec: 29 Twp: 2N Rng: 68W
at Bottom Hole Distance: 60 feet Direction: FSL Distance: 1297 feet Direction: FWL
Sec: 29 Twp: 2N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/14/2009 13. Date TD: 09/17/2009 14. Date Casing Set or D&A: 09/18/2009

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7780 TVD 7685 17 Plug Back Total Depth MD 7728 TVD 763318. Elevations GR 4929 KB 4944

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

DI-GL-GR, CD-CN-ML, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8		0	818	260	0	818	CALC
1ST	7+7/8	4+1/2		0	7,764	910	2,900	7,764	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,912	4,112	<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,339	4,570	<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,894	4,955	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,300		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,585		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,606		<input type="checkbox"/>	<input type="checkbox"/>	

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 Date: 10/7/2009 Email: CINDY.VUE@ANADARKO.COM

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved:  Director of COGCC Date: 2/18/2011

Attachment Check List

Att Doc Num	Name
2555255	FORM 5 SUBMITTED
2555256	CEMENT JOB SUMMARY
2555257	DIRECTIONAL SURVEY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)