

FORM
5Rev
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



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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.

Document Number:

400085366

Completion Type ☐ Final completion ☒ Preliminary 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
Footage at surface: Direction: FSL Distance: 772 Direction: FEL Distance: 1961
As Drilled Latitude: _____ As Drilled Longitude: _____
GPS Data:
Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____
** If directional footage
at Top of Prod. Zone Distance: 2000 Direction: FSL Distance: 1976 Direction: FEL
at Bottom Hole Distance: 1997 Direction: FSL Distance: 1981 Direction: FEL
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) 06/04/2010 13. Date TD: 06/07/2010 14. Date Casing Set or D&A: 06/08/2010

15. Well Classification:

☐ Dry ☐ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8339 TVD 8115 17 Plug Back Total Depth MD 8293 TVD 806918. Elevations GR 4934 KB 4949

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:

N/A - Preliminary Form 5

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24#	870	540	870	0
1ST	7+7/8	4+1/2	11.6#	8,339	1,005	8,339	1,217

REMEDIAL CEMENT

Cement work date: _____

Details of work: _____

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	4,025		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,497		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,465		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,750		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,769		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,196		<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: Kenny Trueax

Title: Regulatory Analyst II Date: _____ Email: Kenny.Trueax@anadarko.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400086077	DIRECTIONAL SURVEY	Anadarko Rasmussen 10-29 Final Plot & Surveys.pdf
400086080	CMT SUMMARY	RASMUSSEN 10-29 SFC CMT TICKET.pdf

Total Attach: 2 Files