

FORM  
5

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



DE ET OE ES

Document Number:

400085366

**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: 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  Observation

16. Total Depth MD 8339 TVD 8115 17 Plug Back Total Depth MD 8293 TVD 8069

18. 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