

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:

400085222

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 05-123-30884-00 6. County: WELD
7. Well Name: RASMUSSEN Well Number: 20-29
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6
Footage at surface: Direction: FSL Distance: 742 Direction: FEL Distance: 1962
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: 1333 Direction: FSL Distance: 1318 Direction: FEL
at Bottom Hole Distance: 1337 Direction: FSL Distance: 1320 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) 05/26/2010 13. Date TD: 08/29/2010 14. Date Casing Set or D&A: 08/30/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8255 TVD 8139 17 Plug Back Total Depth MD 8196 TVD 8080

18. Elevations GR 4935 KB 4950

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:

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	8+5/8	12+1/4	24#	871	540	871	0
1ST	4+1/2	7+7/8	11.6#	8,255	970	8,255	2,764

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	3,964		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,502		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,650		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,671		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,100		<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
400086083	CMT SUMMARY	RASMUSSEN 20-29 SFC CMT TICKET.pdf
400086084	DIRECTIONAL SURVEY	Anadarko Rasmussen 20-29 Final Survey Plot& Report.pdf

Total Attach: 2 Files