


FORM 5A Rev 02/08	State of Colorado Oil and Gas Conservation Commission <small>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109</small>		DE	ET	OE	ES
	Document Number: 400088539					
	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: <u>47120</u>	4. Contact Name: <u>Kenny Trueax</u>
2. Name of Operator: <u>KERR-MCGEE OIL & GAS ONSHORE LP</u>	Phone: <u>(720) 929-6383</u>
3. Address: <u>P O BOX 173779</u>	Fax: <u>(720) 929-7383</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80217-37</u>	

5. API Number <u>05-123-30860-00</u>	6. County: <u>WELD</u>
7. Well Name: <u>RASMUSSEN</u>	Well Number: <u>39-29</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>29</u> Township: <u>2N</u> Range: <u>68W</u> Meridian: <u>6</u>	

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>07/19/2010</u>	Date of First Production this formation: <u>08/16/2010</u>
Perforations Top: <u>7658</u> Bottom: <u>7974</u>	No. Holes: <u>130</u> Hole size: <u>0.47</u>
Provide a brief summary of the formation treatment: Open Hole: <input type="checkbox"/>	
<small>NB Perf: 7658-7840 Holes: 66 Size: .47 CD Perf: 7958-7974 Holes: 64 Size: .38 Frac NB w/ 252 gal 15% HCl & 245,616 gal SW w/ 200,620# 40/70 sand, 4,120# SB Excel sand Frac CD w/ 201,936 gal SW w/ 150,440# 40/70 sand, 4,040# SB Excel sand</small>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>08/26/2010</u> Hours: <u>24</u> Bbls oil: <u>55</u> Mcf Gas: <u>228</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>55</u> Mcf Gas: <u>228</u> Bbls H2O: <u>0</u> GOR: <u>4145</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>1000</u> Tubing PSI: <u> </u> Choke Size: <u>10/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1245</u> API Gravity Oil: <u>49</u>	
Tubing Size: <u> </u> Tubing Setting Depth: <u> </u> Tbg setting date: <u> </u> Packer Depth: <u> </u>	
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; margin-top: 5px;"></div>	
Date formation Abandoned: <u> </u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u> </u>	
Bridge Plug Depth: <u> </u> Sacks cement on top: <u> </u>	

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

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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: _____

Director of COGCC

Date: _____