

FORM  
5A

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:

400088593

**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: 47120  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP  
3. Address: P O BOX 173779  
City: DENVER State: CO Zip: 80217-37  
4. Contact Name: Kenny Trueax  
Phone: (720) 929-6383  
Fax: (720) 929-7383

5. API Number 05-123-30896-00  
6. County: WELD  
7. Well Name: RASMUSSEN  
Well Number: 22-29  
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6

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>07/15/2010</u>	
Perforations	Top: <u>7815</u> Bottom: <u>8132</u>	No. Holes: <u>126</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
NB Perfs: 7815-7992 Holes: 62 Size: .42 CD Perfs: 8116-8132 Holes: 64 Size: .38 Frac NB w/ 250 gal 15% HCl & 253,736 gal SW w/ 201,320# 40/70 sand, 4,080# SB Excel sand Frac CD 197,639 gal SW w/ 150,860# 40/70 sand, 4,020# SB Excel sand			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>Test Information:</b>			
Date: <u>08/19/2010</u>	Hours: <u>24</u>	Bbls oil: <u>37</u>	Mcf Gas: <u>87</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>37</u>	Mcf Gas: <u>87</u> Bbls H2O: <u>0</u> GOR: <u>3219</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: <u></u>			
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

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: \_\_\_\_\_