

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



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Document Number:

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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 05-123-30876-00
6. County: WELD
7. Well Name: RASMUSSEN
Well Number: 10-29
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/06/2010 Date of First Production this formation: 08/19/2010
Perforations Top: 8206 Bottom: 8222 No. Holes: 64 Hole size: 0.38

Provide a brief summary of the formation treatment: Open Hole: ☐

J Sand Perfs: 8206-8222 Size .38 Holes: 64
Frac J Sand w/ 146,454 gal SW w/ 115,040# 40/70 sand, 4,040# SB Excel sand

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 07/09/2010 Date of First Production this formation: _____

Perforations Top: 7470 Bottom: 7788 No. Holes: 126 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

NB Perf: 7474-7650 Holes: 64 Size: .42 CD Perf: 7772-7788 Holes: 64 Size: .42
Frac NB w/ 504 gal 15% HCl & 249,480 gal SW w/ 200,340# 40/70 sand & 4,100# 20/40 SB Excel sand
Frac CD w/ 204,036 gal SW w/ 150,880# 40/70 sand & 4,060# 20/40 SB Excel sand

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/19/2010 Hours: 24 Bbls oil: 37 Mcf Gas: 87 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 37 Mcf Gas: 87 Bbls H2O: 0 GOR: 2351

Test Method: Flowing Casing PSI: 1000 Tubing PSI: _____ Choke Size: 10/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1245 API Gravity Oil: 49

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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: _____