

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:

400092752

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 05-123-30884-00
6. County: WELD
7. Well Name: RASMUSSEN
Well Number: 20-29
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6

Completed Interval

FORMATION: <u>J SAND</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>07/06/2010</u>		Date of First Production this formation: <u>08/16/2010</u>	
Perforations	Top: <u>8112</u> Bottom: <u>8130</u>	No. Holes: <u>64</u>	Hole size: <u>0.38</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
Perf J Sand 8112-8130 Holes: 64 Size: .38 Frac J Sand w/ 146,244 gal SW w/ 115,160# 40/70 sand, 4,000# SB Excel sand			
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Test Information:			
Date: <u>09/04/2010</u>	Hours: <u>24</u>	Bbls oil: <u>32</u>	Mcf Gas: <u>140</u> Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>32</u>	Mcf Gas: <u>140</u> Bbls H2O: <u>0</u> GOR: <u>4375</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>			

FORMATION: NIOBARRA-CODELL Status: PRODUCING

Treatment Date: 07/12/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 7384 Bottom: 7689 No. Holes: 126 Hole size: 0.42

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

NB Perf: 7384-7564 Holes: 62 Size: .42 CD Perf Holes: 64 Size: .42
Frac NB w/ 250 gal 15% HCl & 246,500 gal SW w/ 200,260# 40/70 sand, 4,280# SB Excel sand
Frac CD w/ 200,718 gal SW w/ 150,060# 40/70 sand 4,260# SB Excel sand

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

Test Information:

Date: 09/04/2010 Hours: 24 Bbls oil: 32 Mcf Gas: 140 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 32 Mcf Gas: 140 Bbls H2O: 0 GOR: 4375

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: _____