

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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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 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

Completed Interval

FORMATION: J SAND Status: PRODUCING

Treatment Date: 07/06/2010 Date of First Production this formation: 08/16/2010

Perforations Top: 8112 Bottom: 8130 No. Holes: 64 Hole size: 0.38

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

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: 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: _____

FORMATION: NIOBRARA-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: _____