

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
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 05-123-30874-00
6. County: WELD
7. Well Name: RASMUSSEN
Well Number: 23-29
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6
9. Field Name: SPINDLE Field Code: 77900

Completed Interval

FORMATION: NIOBRARA-CODELL Status: SHUT IN

Treatment Date: 07/22/2010 Date of First Production this formation: 08/16/2010
Perforations Top: 7396 Bottom: 7711 No. Holes: 126 Hole size: 0.38

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

NB Perf: 7396-7402 Holes: 62 Size: .47 CD Perf: 7695-7711 Holes: 64 Size: .38
Frac NB: w/ 252 gal 15% HCl & 248,850 gal SW w/ 201,480# 40/70 sand, 4,040# SB Excel sand
Frac CD: w/ 208,152 gal SW w/ 150,040# 40/70 sand, 4,200# SB Excel sand

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

Test Information:

Date: 08/16/2010 Hours: 0 Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 0 Bbls H2O: 0 GOR: 0
Test Method: Flowing Casing PSI: 1000 Tubing PSI: Choke Size: 10/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: API Gravity Oil:
Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

10/12/10: This well was completed but is subsequently shut in due to pressure buildup issues

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

Bridge Plug Depth: Sacks cement on top:

Comment:

10/12/10: This well is shut in due to pressure buildup issues

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: _____