

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:

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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 05-123-30875-00
6. County: WELD
7. Well Name: RASMUSSEN
Well Number: 36-29
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: 07/30/2010 Date of First Production this formation: 08/16/2010
Perforations Top: 7370 Bottom: 7683 No. Holes: 130 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
NB Perfs: Holes: 66 Size: .42 CD Perfs: Holes: 64 Size: .40
Frac NB w/ 250 gal 15% HCl & 244,106 gal SW w/ 200,580# 40/70 sand, 4,060# SB Excel sand
Frac CD w/ 201,978 gal SW w/ 150,340# 40/70 sand, 4,020# 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: _____
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:
Well is completed in the NB/CD as of 8/16/2010 but remains 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:
Well is completed in the NB/CD as of 8/16/2010 but remains shut in due to pressure buildup issues. Will report IP test data once well goes on line.

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

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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: _____