

FORM
5

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:

400099961

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-123-30875-00 6. County: WELD
 7. Well Name: RASMUSSEN Well Number: 36-29
 8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6
 Footage at surface: Direction: FSL Distance: 682 Direction: FEL Distance: 1963
 As Drilled Latitude: _____ As Drilled Longitude: _____

GPS Data:

Data of Measurement: _____ PDOP Reading: _____ GPS Instrument Operator's Name: _____

** If directional footage

at Top of Prod. Zone Distance: 59 Direction: FSL Distance: 2667 Direction: FEL
 Sec: 29 Twp: 2N Rng: 68W
 at Bottom Hole Distance: 76 Direction: FSL Distance: 2671 Direction: FEL
 Sec: 29 Twp: 2N Rng: 68W

9. Field Name: SPINDLE 10. Field Number: 77900

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/09/2010 13. Date TD: 05/11/2010 14. Date Casing Set or D&A: 05/12/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7828 TVD 7707 17 Plug Back Total Depth MD 7781 TVD 7660

18. Elevations GR 4935 KB 4950

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CNP, LD, ML, AI, GR, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24#	862	540	862	0
1ST	7+7/8	4+1/2	11.6#	7,818	913	7,818	761

ADDITIONAL CEMENT

Cement work date: _____

Details of work: _____

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
PARKMAN	3,979		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,496		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,965		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,366		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,644		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,663		<input type="checkbox"/>	<input type="checkbox"/>	

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 Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400099972	DIRECTIONAL SURVEY	KERR MCGEE RASMUSSEN 36-29 FINAL PLOT & SURVEY (05.12.10).pdf
400100209	CMT SUMMARY	RASMUSSEN 36-29 Sfc Cmt Ticket.pdf

Total Attach: 2 Files