

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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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 4. Contact Name: Cindy Vue  
2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6832  
3. Address: P O BOX 173779 Fax: (720) 929-7832  
City: DENVER State: CO Zip: 80217-37

5. API Number 05-123-30857-00 6. County: WELD  
7. Well Name: RASMUSSEN Well Number: 16-29  
8. Location: QtrQtr: SWSE Section: 29 Township: 2N Range: 68W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING  
Treatment Date: 10/21/2010 Date of First Production this formation: 11/02/2010  
Perforations Top: 7408 Bottom: 7716 No. Holes: 120 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐  
Perf NB 7408-7579 Holes 60 Size 0.42 Perf CD 7696-7716 Holes 60 Size 0.38  
Frac NB w/ 250 gal 15% HCl & 249,295 gal SW w/ 201,100# 40/70 sand & 4,000# 20/40 SuperLC  
Frac CD w/ 198,334 gal SW w/ 150,440# 40/70 & 4,000# SuperLC

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

**Test Information:**

Date: 11/14/2010 Hours: 24 Bbls oil: 142 Mcf Gas: 218 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 142 Mcf Gas: 218 Bbls H2O: 0 GOR: 1535  
Test Method: FLOWING Casing PSI: 1085 Tubing PSI: \_\_\_\_\_ Choke Size: 12/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1255 API Gravity Oil: 51  
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: Cindy Vue

Title: Regulatory Analyst II

Date: \_\_\_\_\_

Email Cindy.Vue@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: \_\_\_\_\_