

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



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Document Number:
400109420

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: 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
 Footage at surface: Distance: 697 feet Direction: FSL Distance: 1963 feet Direction: FEL
 As Drilled Latitude: 40.104243 As Drilled Longitude: -105.024735

GPS Data:
 Data of Measurement: 06/15/2010 PDOP Reading: 3.2 GPS Instrument Operator's Name: Renee Doiron

** If directional footage at Top of Prod. Zone Dist.: 773 feet. Direction: FSL Dist.: 710 feet. Direction: FEL
 Sec: 29 Twp: 2N Rng: 68W
 ** If directional footage at Bottom Hole Dist.: 746 feet. Direction: FSL Dist.: 699 feet. 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) 05/12/2010 13. Date TD: 05/17/2010 14. Date Casing Set or D&A: 05/18/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8530 TVD** 8394 17 Plug Back Total Depth MD 8482 TVD** 8346

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:
P/E AILC-CNLD-ML, CBL

20. Casing, Liner and Cement:

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	12+1/4	8+5/8	24#	0	863	580	0	863	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,520	240	7,006	8,520	CBL

ADDITIONAL CEMENT

Cement work date: 05/18/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	5,671	240	7,006	8,520
DV TOOL	S.C. 1.1	5,671	615	3,000	5,694

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	
SUSSEX	4,496		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,414		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,674		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,696		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	8,124		<input type="checkbox"/>	<input type="checkbox"/>	
DAKOTA	8,298		<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: Cindy Vue

Title: Regulatory Analyst II Date: 11/17/2010 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400109429	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400109428	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400109420	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)