



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.

Document Number:

400117875

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 05-069-06401-00

6. County: LARIMER

7. Well Name: MIRACLE

Well Number: 16-12

8. Location: QtrQtr: NESE Section: 12 Township: 5N Range: 68W Meridian: 6

9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA-CODELL Status: PRODUCING

| | | | |
|-----------------|------------|--|------------|
| Treatment Date: | 11/16/2010 | Date of First Production this formation: | 12/07/2010 |
|-----------------|------------|--|------------|

| | | | | | | | | |
|--------------|------|------|---------|------|------------|-----|------------|------|
| Perforations | Top: | 7254 | Bottom: | 7583 | No. Holes: | 118 | Hole size: | 0.42 |
|--------------|------|------|---------|------|------------|-----|------------|------|

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

NB Perf 7254-7468 Holes 58 Size 0.42 CD Perf 7563-7583 Holes 60 Size 0.40
Frac Niobrara A & B & C down 4-1/2" Csg w/ 250 gal 15% HCl & 246,560 gal Slickwater w/ 101,220# 40/70, 4,000# SB Excel.
Frac Codell down 4-1/2" Csg w/ 205,869 gal Slickwater w/ 75,580# 40/70, 4,000# SB Excel.

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

Test Information:

| | | | | | | | | | |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|
| Date: | 12/12/2010 | Hours: | 24 | Bbls oil: | 29 | Mcf Gas: | 116 | Bbls H2O: | 0 |
|-------|------------|--------|----|-----------|----|----------|-----|-----------|---|

| | | | | | | | | |
|--------------------------|-----------|----|----------|-----|-----------|---|------|------|
| Calculated 24 hour rate: | Bbls oil: | 29 | Mcf Gas: | 116 | Bbls H2O: | 0 | GOR: | 4000 |
|--------------------------|-----------|----|----------|-----|-----------|---|------|------|

| | | | |
|----------------------|------------------|-------------|-------------------|
| Test Method: FLOWING | Casing PSI: 1580 | Tubing PSI: | Choke Size: 14/64 |
|----------------------|------------------|-------------|-------------------|

| | | | | | | |
|------------------|------|-----------|-----|----------|------------------|----|
| Gas Disposition: | SOLD | Gas Type: | WET | BTU Gas: | API Gravity Oil: | 47 |
|------------------|------|-----------|-----|----------|------------------|----|

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

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: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)