

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 05-069-06402-00 6. County: LARIMER
7. Well Name: MIRACLE Well Number: 9-12
8. Location: QtrQtr: NESE Section: 12 Township: 5N Range: 68W Meridian: 6
9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: J SAND Status: PRODUCING
Treatment Date: 11/30/2010 Date of First Production this formation: 02/23/2011
Perforations Top: 7734 Bottom: 7742 No. Holes: 48 Hole size: 0.37
Provide a brief summary of the formation treatment: Open Hole: ☐
Frac J-Sand down 4-1/2" Csg w/ 500 gal 15% HCl & 138,650 gal Slickwater w/ 108,300# 40/70, 4,000# SB Excel.
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 03/02/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 52 Bbls H2O: 0 GOR: 0
Test Method: FLOWING Casing PSI: 1200 Tubing PSI: 1200 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1284 API Gravity Oil: 47
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7696 Tbg setting date: 01/04/2011 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
:

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)