

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

DRILLING COMPLETION REPORT

Document Number:

400088022

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 05-069-06422-00 6. County: LARIMER
7. Well Name: MIRACLE Well Number: 24-12
8. Location: QtrQtr: NESE Section: 12 Township: 5N Range: 68W Meridian: 6
Footage at surface: Distance: 2480 feet Direction: FSL Distance: 335 feet Direction: FEL
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 Dist.: 2532 feet. Direction: FNL Dist.: 1427 feet. Direction: FEL
Sec: 12 Twp: 5N Rng: 68W

** If directional footage at Bottom Hole Dist.: 2535 feet. Direction: FNL Dist.: 1426 feet. Direction: FEL
Sec: 12 Twp: 5N Rng: 68W

9. Field Name: WATTENBERG 10. Field Number: 90750
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/02/2010 13. Date TD: 08/06/2010 14. Date Casing Set or D&A: 08/08/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7983 TVD** 7833 17 Plug Back Total Depth MD 3612 TVD** 3462

18. Elevations GR 4950 KB 4966 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:

PRELIMINARY FORM 5

20. Casing, Liner and Cement:

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 | 684 | 430 | 0 | 684 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 7,973 | 635 | 3,700 | 7,973 | CALC |

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

DV TOOL @ 3612

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|----------|-----------------------------------|---------------|------------|---------------|
| DV TOOL | S.C. 1.1 | 7,973 | 635 | 3,700 | 7,973 |
| DV TOOL | S.C. 1.2 | 3,612 | 420 | 580 | 3,612 |

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 | 4,163 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 7,040 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| FORT HAYS | 7,340 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CODELL | 7,362 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| J SAND | 7,727 | | <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: 8/26/2010 Email: Cindy.Vue@anadarko.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|-----------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400088024 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400088023 | 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> | | | |
| 400088022 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400088023 | DIRECTIONAL SURVEY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400088024 | CEMENT JOB SUMMARY | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)