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|---|--|--|---|----|----|----|----|
| <b>FORM</b><br><b>5</b><br>Rev<br>02/08   | <b>State of Colorado</b><br><b>Oil and Gas Conservation Commission</b><br>1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109 |                           | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table><br>Document Number:<br><br>400096620 | DE | ET | OE | ES |
| DE  | ET   | OE   | ES  |    |    |    |    |
| <b>DRILLING COMPLETION REPORT</b>   |  |  |   |    |    |    |    |
| 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 <input type="checkbox"/> Final completion <input checked="" type="checkbox"/> Preliminary completion  |  |  |   |    |    |    |    |
| 1. OGCC Operator Number: <u>47120</u>   |  | 4. Contact Name: <u>Kenny Trueax</u>   |   |    |    |    |    |
| 2. Name of Operator: <u>KERR-MCGEE OIL &amp; GAS ONSHORE LP</u>   |  | Phone: <u>(720) 929-6383</u>   |   |    |    |    |    |
| 3. Address: <u>P O BOX 173779</u>   |  | Fax: <u>(720) 929-7383</u>   |   |    |    |    |    |
| City: <u>DENVER</u>   | State: <u>CO</u>   | Zip: <u>80217-37</u>   |   |    |    |    |    |
| 5. API Number <u>05-069-06413-00</u>  |  | 6. County: <u>LARIMER</u>  |   |    |    |    |    |
| 7. Well Name: <u>MIRACLE</u>  |  | Well Number: <u>1-12</u>   |   |    |    |    |    |
| 8. Location:    QtrQtr: <u>NESE</u> Section: <u>12</u> Township: <u>5N</u> Range: <u>68W</u> Meridian: <u>6</u>   |  |  |   |    |    |    |    |
| Footage at surface:    Distance: <u>2480</u> feet    Direction: <u>FSL</u>  |  | Distance: <u>275</u> feet    Direction: <u>FEL</u>   |   |    |    |    |    |
| 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.: <u>653</u> feet. Direction: <u>FNL</u> Dist.: <u>674</u> feet. Direction: <u>FEL</u>                  |   |    |    |    |    |
| Sec: <u>12</u> Twp: <u>5N</u> Rng: <u>68W</u>   |  |  |   |    |    |    |    |
| ** If directional footage at Bottom Hole  |  | Dist.: <u>653</u> feet. Direction: <u>FNL</u> Dist.: <u>675</u> feet. Direction: <u>FEL</u>                  |   |    |    |    |    |
| Sec: <u>12</u> Twp: <u>5N</u> Rng: <u>68W</u>   |  |  |   |    |    |    |    |
| 9. Field Name: <u>WATTENBERG</u>  |  | 10. Field Number: <u>90750</u>   |   |    |    |    |    |
| 11. Federal, Indian or State Lease Number:    _____   |  |  |   |    |    |    |    |
| 12. Spud Date: (when the 1st bit hit the dirt) <u>09/02/2010</u> 13. Date TD: <u>09/05/2010</u> 14. Date Casing Set or D&A: <u>09/06/2010</u>   |  |  |   |    |    |    |    |
| 15. Well Classification:  |  |  |   |    |    |    |    |
| <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation  |  |  |   |    |    |    |    |
| 16. Total Depth    MD <u>8315</u> TVD** <u>7853</u>   |  | 17 Plug Back Total Depth    MD <u>3932</u> TVD** <u>3470</u>   |   |    |    |    |    |
| 18. Elevations    GR <u>4934</u> KB <u>4962</u>   |  | 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:   |  |  |   |    |    |    |    |
| <u>Preliminary Form 5</u>   |  |  |   |    |    |    |    |
| 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             | 684           | 430       | 0       | 684     | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6# | 0             | 8,295         | 1,090     | 3,932   | 8,295   | CALC   |

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
|             |        |                                   |               |            |               |

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                    |   |
| PARKMAN        | 3,763          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SUSSEX         | 4,450          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| SANASTEE       | 4,962          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA       | 7,361          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| FORT HAYS      | 7,676          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| CODELL         | 7,696          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| J SAND         | 8,162          |        | <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: Kenny Trueax

Title: Regulatory Analyst II Date: 9/30/2010 Email: kenny.trueax@anadarko.com

### **Attachment Check List**

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400096643                   | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| 400096642                   | 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>    |                       |            |                                     |    |                                     |
| 400096620                   | 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)