

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:

400187850

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-

5. API Number 05-069-06415-00 6. County: LARIMER
 7. Well Name: MIRACLE Well Number: 8-12
 8. Location: QtrQtr: NESE Section: 12 Township: 5N Range: 68W Meridian: 6
 Footage at surface: Distance: 2480 feet Direction: FSL Distance: 285 feet Direction: FEL
 As Drilled Latitude: 40.413785 As Drilled Longitude: -104.945475

GPS Data:
 Data of Measurement: 09/14/2010 PDOP Reading: 2.1 GPS Instrument Operator's Name: Renee Doiron

** If directional footage
 at Top of Prod. Zone Distance: 1842 feet Direction: FNL Distance: 722 feet Direction: FEL
 Sec: 12 Twp: 5N Rng: 68W
 at Bottom Hole Distance: 1843 feet Direction: FNL Distance: 721 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) 08/29/2010 13. Date TD: 08/31/2010 14. Date Casing Set or D&A: 09/02/2010

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

16. Total Depth MD 7981 TVD 7829 17 Plug Back Total Depth MD 7941 TVD 7789
 18. Elevations GR 4948 KB 4964 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:
OH LOGS BRIDGED OUT @ 2100'
CBL

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	7,971	617	3,774	7,971	CBL

ADDITIONAL CEMENT

Cement work date: 09/02/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,687	433	1,536	3,687

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	4,248		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,703		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,050		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,370		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,832		<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: _____ Email: Cindy.Vue@anadarko.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400187853	DIRECTIONAL SURVEY
400187854	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group **Comment** **Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)