

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
----	----	----	----

Document Number:

400088022

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: 80217-37

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: Direction: FSL Distance: 2480 Direction: FEL Distance: 335
 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 Distance: 2532 Direction: FNL Distance: 1427 Direction: FEL
 at Bottom Hole Distance: 2535 Direction: FNL Distance: 1426 Direction: FEL
 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	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
SURF	12+1/4	8+5/8	24#	684	430	684	0
S.C. 1.1	7+7/8	4+1/2	11.6#	7,973	635	7,973	3,700
S.C. 1.2	7+7/8	4+1/2	11.6#	3,612	420	3,612	580

REMEDIAL 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: _____ 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	Doc Description
400088023	DIRECTIONAL SURVEY	KERR MCGEE MIRACLE 24-12 Final Plot & Survey (08.18.10).pdf
400088024	CMT SUMMARY	Miracle 24-12 Sfc Cmt Ticket.pdf

Total Attach: 2 Files