

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:

400109651

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: Kenny Trueax  
 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP Phone: (720) 929-6383  
 3. Address: P O BOX 173779 Fax: (720) 929-7383  
 City: DENVER State: CO Zip: 80217-37

5. API Number 05-069-06407-00 6. County: LARIMER  
 7. Well Name: MIRACLE Well Number: 10-12  
 8. Location: QtrQtr: NWSE Section: 12 Township: 5N Range: 68W Meridian: 6  
 Footage at surface: Direction: FSL Distance: 2484 Direction: FEL Distance: 2611  
 As Drilled Latitude: 40.413912 As Drilled Longitude: -104.953825

GPS Data:

Data of Measurement: 11/09/2010 PDOP Reading: 2.0 GPS Instrument Operator's Name: Renee Doiron

\*\* If directional footage

at Top of Prod. Zone Distance: 2074 Direction: FSL Distance: 1965 Direction: FEL  
 Sec: 12 Twp: 5N Rng: 68W  
 at Bottom Hole Distance: 2071 Direction: FSL Distance: 1964 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) 10/15/2010 13. Date TD: 10/17/2010 14. Date Casing Set or D&A: 10/18/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7965 TVD 7850 17 Plug Back Total Depth MD 3280 TVD 3165

18. Elevations GR 4963 KB 4979

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 - No logs ran; loogers could not make it

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
SURF	12+1/4	8+5/8	24#	686	430	0	686	CALC
1ST	7+5/8	4+1/2	11.6#	7,955	1,065	484	7,955	CBL

ADDITIONAL CEMENT

Cement work date: 10/17/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	1ST	3,282	395	484	3,282

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	3,625		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,227		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,676		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,040		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,338		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,358		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,800		<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: \_\_\_\_\_ Email: kenny.trueax@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
400109656	DIRECTIONAL SURVEY
400110043	CEMENT JOB SUMMARY

Total Attach: 2 Files