

FORM  
5A

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:

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**COMPLETED INTERVAL REPORT**

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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 05-069-06403-00 6. County: LARIMER  
7. Well Name: MIRACLE Well Number: 20-12  
8. Location: QtrQtr: NESE Section: 12 Township: 5N Range: 68W Meridian: 6  
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: <u>NIOBRARA-CODELL</u>		Status: <u>PRODUCING</u>		
Treatment Date: <u>11/19/2010</u>		Date of First Production this formation: <u>12/07/2010</u>		
Perforations	Top: <u>7114</u>	Bottom: <u>7447</u>	No. Holes: <u>127</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>		
<p>NB Perf 7114-7328 Holes 61 Size 0.42 CD Perf 7425-7447 Holes 66 Size 0.40 Frac Niobrara A &amp; B &amp; C down 4-1/2" Csg w/ 250 gal 15% HCl &amp; 243,708 gal Slickwater w/ 200,600# 40/70, 4,000# SB Excel. Frac Codell down 4-1/2" Csg w/ 203,411 gal Slickwater w/ 150,020# 40/70, 4,000# SB Excel.</p>				
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
<b>Test Information:</b>				
Date: <u>12/11/2010</u>	Hours: <u>24</u>	Bbls oil: <u>32</u>	Mcf Gas: <u>140</u>	Bbls H2O: <u>0</u>
Calculated 24 hour rate:		Bbls oil: <u>32</u>	Mcf Gas: <u>140</u>	Bbls H2O: <u>0</u> GOR: <u>4375</u>
Test Method: <u>FLOWING</u>	Casing PSI: <u>340</u>	Tubing PSI: <u></u>	Choke Size: <u>14/64</u>	
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u></u>	API Gravity Oil: <u>47</u>	
Tubing Size: <u></u>	Tubing Setting Depth: <u></u>	Tbg setting date: <u></u>	Packer Depth: <u></u>	
Reason for Non-Production: <div></div>				
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>				
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>				

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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)