

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

DRILLING COMPLETION REPORT

Document Number:

400087519

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 05-069-06403-00 6. County: LARIMER
7. Well Name: MIRACLE Well Number: 20-12
8. Location: QtrQtr: NESE Section: 12 Township: 5N Range: 68W Meridian: 6
Footage at surface: Distance: 2480 feet Direction: FSL Distance: 325 feet Direction: FEL
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: 1324 feet Direction: FSL Distance: 1374 feet Direction: FEL
Sec: 12 Twp: 5N Rng: 68W
at Bottom Hole Distance: 1326 feet Direction: FSL Distance: 1380 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) 08/08/2010 13. Date TD: 08/12/2010 14. Date Casing Set or D&A: 08/14/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8065 TVD 7826 17 Plug Back Total Depth MD 3747 TVD 3512

18. Elevations GR 4949 KB 4965

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	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
S.C. 1.1	7+7/8	4+1/2	11.6#	0	8,065	612	3,746	8,065	CBL

ADDITIONAL CEMENT

Cement work date: 08/14/2010

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
DV TOOL	S.C. 1.1	3,746	446	1,030	3,746

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	3,798		<input type="checkbox"/>	<input type="checkbox"/>	
SUSSEX	4,271		<input type="checkbox"/>	<input type="checkbox"/>	
SHANNON	4,758		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,126		<input type="checkbox"/>	<input type="checkbox"/>	
FORT HAYS	7,431		<input type="checkbox"/>	<input type="checkbox"/>	
CODELL	7,445		<input type="checkbox"/>	<input type="checkbox"/>	
J SAND	7,910		<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: 8/25/2010 Email: Kenny.Trueax@anadarko.com

Attachment Check List

Att Doc Num	Name
400087519	FORM 5 SUBMITTED
400087527	DIRECTIONAL SURVEY
400087528	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)