

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 2. Name of Operator: KERR-MCGEE OIL & GAS ONSHORE LP 3. Address: P O BOX 173779 City: DENVER State: CO Zip: 80217- 4. Contact Name: Cindy Vue Phone: (720) 929-6832 Fax: (720) 929-7832

5. API Number 05-069-06405-00 6. County: LARIMER 7. Well Name: MIRACLE Well Number: 7-12 8. Location: QtrQtr: NWSE Section: 12 Township: 5N Range: 68W Meridian: 6 9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: CODELL Status: COMMINGLED Treatment Type: Treatment Date: 02/27/2012 End Date: Date of First Production this formation: 03/06/2012 Perforations Top: 7378 Bottom: 7400 No. Holes: 66 Hole size: 0.4

Provide a brief summary of the formation treatment:

Open Hole: []

CD PERF 7378-7400 HOLES 66 SIZE 0.40 Frac CODL down casing w/ 142,086 gal AMP w/ 220,000# 20/40, 4,000# SB Excel. Broke @ 3,520 psi @ 3 bpm. ATP=3,465 psi; MTP=3,778 psi; ATR=20.9 bpm; ISDP=2,968 psi

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Number of staged intervals: Total acid used in treatment (bbl): Max frac gradient (psi/ft): Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: []

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR: Test Method: Casing PSI: Tubing PSI: Choke Size: Gas Disposition: Gas Type: Btu Gas: API Gravity Oil: Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: J SAND Status: DRY AND ABANDONED Treatment Type: _____

Treatment Date: 02/12/2011 End Date: _____ Date of First Production this formation: _____

Perforations Top: 7841 Bottom: 7868 No. Holes: 54 Hole size: 0.38

Provide a brief summary of the formation treatment: _____ Open Hole:

Frac J-Sand down 4-1/2" Csg w/ 147,420 gal Slickwater w/ 116,440# 40/70, 4,000# SB Excel.
Broke @ 2,926 psi @ 2.5 bpm. ATP=4,569 psi; MTP=4,996 psi; ATR=36.0 bpm; ISDP=3,634 psi

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: SET CIBP W/ SAND CAP @ 7660'
J SAND IS A DRY HOLE AND HAS NEVER HAD ANY PRODUCTION.

Date formation Abandoned: 02/07/2012 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 7660 Sacks cement on top: _____

FORMATION: NIOBRARA-CODELL Status: PRODUCING Treatment Type: _____

Treatment Date: 02/27/2012 End Date: _____ Date of First Production this formation: 03/06/2012

Perforations Top: 7086 Bottom: 7400 No. Holes: 132 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

NB PERF 7086-7262 HOLES 66 SIZE 0.42
CD PERF 7378-7400 HOLES 66 SIZE 0.40

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 03/07/2012 Hours: 24 Bbl oil: 50 Mcf Gas: 10 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 50 Mcf Gas: 10 Bbl H2O: 0 GOR: 5000

Test Method: FLOWING Casing PSI: 650 Tubing PSI: 900 Choke Size: 16/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1255 API Gravity Oil: 46

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7356 Tbg setting date: 03/21/2012 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: COMMINGLED Treatment Type: _____

Treatment Date: 02/27/2012 End Date: _____ Date of First Production this formation: 03/06/2012

Perforations Top: 7086 Bottom: 7262 No. Holes: 66 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

NB PERF 7086-7262 HOLES 66 SIZE 0.42
Frac NBRR down casing w/ 252 gal 15% HCl & 169,260 gal AMP w/ 251,520# 20/40, 4,000# SB Excel.
Break not observed. ATP=4,895 psi; MTP=5,143 psi; ATR=50.9 bpm; ISDP=3,006 psi

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

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: 3/29/2012 Email: Cindy.Vue@anadarko.com

Attachment Check List

Att Doc Num	Name
400266249	FORM 5A SUBMITTED

Total Attach: 1 Files