

**State of Colorado
Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303)894-2100 Fax (303)894-2109

FOR OGCC USE ONLY

RECEIVED

JUN 27 2005

COGCC**COMPLETED INTERVAL REPORT**

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within (30) days of work. Additional information is found under Rule 308. Complete a section for each formation completed or recompleted including all attempted completions. Attach as many pages as required to fully describe the work.

Complete the

Attachment Checklist

Oper OGC

1. OGCC Operator Number: <u>47120</u>	4. Contact Name Phone Pat Tognoni	Wellbore Diagram
2. Name of Operator: <u>Kerr-McGee Rocky Mountain Corporation</u>	No: <u>970-330-0614</u>	Site Facility Diagram
3. Address: <u>3939 Carson Avenue</u>	Fax: <u>970-330-0431</u>	
City: <u>Evans</u> State: <u>CO</u> Zip: <u>80620</u>		
5. API Number <u>05-123-22272</u> County: <u>WELD</u>		
7. Well Name: <u>EATON</u> Well Number <u>12-19</u>		
8. Location (QtrQtr, Sec Twp, Rng, Meridian): <u>NWSW 19 4N 66W 6TH P.M.</u>		

List in order of completion:

FORMATION: <u>JNBCD</u>	<input checked="" type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-in	<input checked="" type="checkbox"/> Commingled
Perforations Gross Interval: Top <u>6920</u>	Bottom	No. Holes:	Size:	Open Hole Completion (check if yes) <input type="checkbox"/>
Formation Treatment:	Frac Info Represents:			
Test production represents <u>JNBCD</u> formations				
Test Information Date <u>6/12/2005</u>	Hours: <u>24</u>	Bbls Oil: <u>4</u>	MCF Gas <u>329</u>	Bbls H2O: <u>0</u>
Production Test Method: <u>FLOWING</u>	Casing Pressure: <u>556</u>	Flowing Tubing Pressure: <u>443</u>	Choke Size <u>18/64</u>	
API Gravity Oil <input type="checkbox"/> Oil <u>60</u> <input checked="" type="checkbox"/> Condensate	BTU Gas:	Wet CO Dry Coal Gas	Heliu Other	Gas Disposition <u>SOLD</u>
Calculated 24 Hr Rat	Bbls Oil: <u>4</u>	MCF Gas <u>329</u>	Bbls H2O: <u>0</u>	GOR <u>82250</u>
Production Method: <u>FLOWING</u>				
Tubing Size: <u>2-3/8</u>	Setting Depth: <u>7643</u>	Packer Depth:		
Reason for Non-Production				
Abandonment of Zone	Date:	Squeezed: Yes No	Sacks Cement:	
Bridge Plug Depth	Sacks Cement on Top			

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete

Print Name Lindsey StelmachSigned: Lindsey StelmachTitle: Senior Operations AssistantDate: 6-24-05