

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

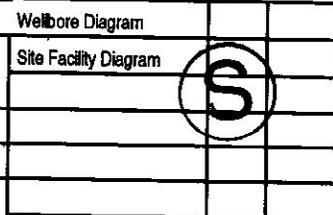
NOV -2 04

COGCC

Complete the
Attachment Checklist

Oper OGCC

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.



1. OGCC Operator Number: 47120
 2. Name of Operator: Kerr-McGee Rocky Mountain Corporation
 3. Address: 3939 Carson Avenue
 City: Evans State: CO Zip: 80620
 4. Contact Name & Phone
P Toegner
 No: 970-330-0614
 Fax: 970-330-0431
 5. API Number: 05-123-22139 6. County: WELD
 7. Well Name: HIGHWAY Well Number: 12-12
 8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSW Section 12 T2N 2N R4G 66W

List in order of completion:

FORMATION: NB-CD Producing Abandoned Shut-in Commingled
 Perforations Gross Interval: Top 7277 Bottom 7525 No. Holes: 54 Size: HS Open Hole Completion (check if yes)

Formation Treatment Describe:
Fraced w/ 150,277 gallons gelled fluid, 118200 lbs 30/50 Oglebay-Ottawa.

Production Reflects NIOBRARA-CODELL formations

Test Informe Date: 6/26/2004 Hours: 24 Bbls Oil: 34 MCF Gas: 103 Bbls H₂O: 0
 Production Test Method: Plunger Casing Pressure: 378 Flowing Tubing Pressure: 176 Choke Size: 0
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Gas Disposition: sold
 Dry Coal Gas Other
 Calculated 24 Hr Rate Bbls Oil: 34 MCF Gas: 103 Bbls H₂O: 0 GOR: 3,029
 Production Method: Plunger

Tubing Size: 2-3/8" Setting Depth: 7460' Packer Depth: N/A

Reason for Non-Production
 Abandonment of Zone Date: Squeezed: Yes No Sacks Cement:
 Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Abandoned Shut-in Commingled
 Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion (check if yes)

Formation Treatment Describe:

Test Informe Date: Hours: Bbls Oil: MCF Gas: Bbls H₂O:
 Production Test Method: Casing Pressure: Flowing Tubing Pressure: Choke Size
 API Gravity Oil: Oil Condensate BTU Gas: Wet CO₂ Helium Gas Disposition: 0
 Dry Coal Gas Other
 Calculated 24 Hr Rate Bbls Oil: MCF Gas: Bbls H₂O: GOR:
 Production Method:

Tubing Size: Setting Depth: 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: P Toegner
 Signed: P Toegner Title: Supv Date: 10/28/04