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COGCC

DRILLING COMPLETION REPORT

This form is to be submitted within thirty (30) days of a well's completion. If the well is deepened or sidetracked, a new Form 5 will be required. If an attempt has been made to complete/produce a well, then the operator shall submit a Form 5A (Completed Interval Report.) If the well has been plugged, submit a Form 6 (Well Abandonment Report.)

1. OGCC Operator Number: 47120		4. Contact Name & Phone Pat Tognoni		Complete the Attachment Checklist	
2. Name of Operator: Kerr-McGee Rocky Mountain Corporation		No: 970-330-0614			
3. Address: 3939 Carson Avenue		Fax: 970-330-0431		Operator	OGCC
City: Evans	State: CO	Zip: 80620			
5. API Number: 05-123-22834	6. County: WELD		Survey Plat		
7. Well Name: MILLER FEDERAL	Well Number: 10-6		Directional Survey		
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE Sec 6 -T2N -R66W		Surface Equipment Diagram			
Footage at Surface: 2174' FSL & 1967' FEL		Technical Information Page			
9. Was a directional survey run? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Other			
10. Field Name: WATTENBERG		Field Number: 90750			
11. Federal, Indian or State Lease Number:		15. Well Classification			
12. Spud Date: 04/06/2005	13. Date TD Reached: 04/11/2005	14. Date Completed or D&A: 04/28/2005			
16. Total depth MD 7945 TVD 7945		17. Plug Back Total depth MD 7929 TVD 7929			
18. Was a Mud Log Run? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		19. Elevations GR 4845 KB 4857			
20. List Electric Logs Run: CVL, AILC, CBL, MRL, CNLD, ✓		21. Well Classification			
		Dry <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/>			
		Coalbed <input type="checkbox"/>			
		Stratigraphic <input type="checkbox"/> Disposal <input type="checkbox"/>			
		Enhanced Recovery <input type="checkbox"/>			
		Gas Storage <input type="checkbox"/> Observation <input type="checkbox"/>			
		Other: <input type="checkbox"/>			

CASING, LINER and CEMENT

21. Submit contractor's cement job summary for each string cemented

String	Hole Size	Csg/Liner Size	Csg/Liner Wt (Lbs.)	Csg/Liner Top	Csg/Tool Setting Depth	No of Sacks	Cement Interval		Identify Method	
							Top	Bottom	CBL	Calc
SURFACE	12-1/4	8-5/8	24	0	850 851	595	0	850 851		X
1st	7-7/8	4-1/2	11.6	0	7946	650	4868	7946	X	
Stage Cement						175	4012	4849	X	
Stage Cement										
Stage Cement										
Stage Cement										
1st Liner										

FORMATION LOG INTERVALS and TEST ZONES

22. *** All DST and Core analysis must be submitted to COGCC. ***

Formation	Measured Depth		Check if applies		Comments
	Top	Bottom	DST	Cored	
SUSSEX	4432				
SHANNON	4885				
NIOBRARA	7121				
FT HAYS	7335				
CODELL	7354				
J SAND	7790				

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

Print Name Lindsey Stelmach
Signed Lindsey Stelmach Title: Senior Operations Assistant Date: 06/01/05