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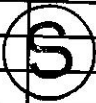
DRILLING COMPLETION REPORT

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).

RECEIVED

JUN 3 2005

COGCC

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

CASING, LINER and CEMENT

[illegible]

FORMATION LOG INTERVALS and TEST ZONES

[illegible]

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

Print Name Lindsey Steilmach

Signed Andrew Solmach

Title: Senior Operations Assistant

Date: 06/01/05