

Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

COMPLETED INTERVAL REPORT



FOR OGCC USE ONLY

RECEIVED

This form is to be submitted or updated each time a new formation is completed or abandoned. This form shall be transmitted within thirty (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.

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Complete the Attachment Checklist

OGCC Operator Number:	72085	Contact Name & Phone		Wellbore diagram	Oper	OGCC	
Name of Operator:	PRIMA OIL & GAS COMPANY		TINA MILLER	Site Facility Diagram			
Address:	1099 18th Street, Suite 400	No:	(303) 297-2300				
City:	DENVER	State:	CO	Zip:	80202	Fax:	(303) 297-7708
API Number : 05-	123-16614-00						
Well Name:	SWANSON	Number:	28-24				
Location (QtrQtr, Sec, Twp, Rng, Meridian):		SENW Sec. 28-T6N-R66W, 6th PM					

List in order of completion.

FORMATION: CODELL Producing Y ☒ N ☐ Commingled ☐ OGCC ☐

Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion
Reperf 7086'	7096'	40	2" RTG Gun	<input type="checkbox"/>

Formation Treatment Describe:
Refrac'd Codell w/262,780# 20/40 sand and 123,270 gals of 22, 20 & 18# Vistar gel.

Test Information	Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
	02/28/01	1	5	18	2
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size		
Flowing	900	520	40/64		
API Gravity Oil:	BTU Gas:	Gas Disposition:			
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H2O	GOR:	
	120	432	48	3600	
Production Method:	Flowing				

Tubing Size:	Setting Depth:	Packer Depth:
2 1/16"	7070'	
Non-producing Completion Status:	Abd <input type="checkbox"/> SI <input type="checkbox"/>	Reason shut In:

Abandonment of Zone	Date:	Squeezed:	Sacks Cement:
Bridge Plug Depth:	Sacks Cement on Top:		

FORMATION: Producing Y ☐ N ☐ Commingled ☐ OGCC ☐

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Formation Treatment Describe:

Test Information	Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size		
API Gravity Oil:	BTU Gas:	Gas Disposition:			
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H2O	GOR:	
Production Method:					

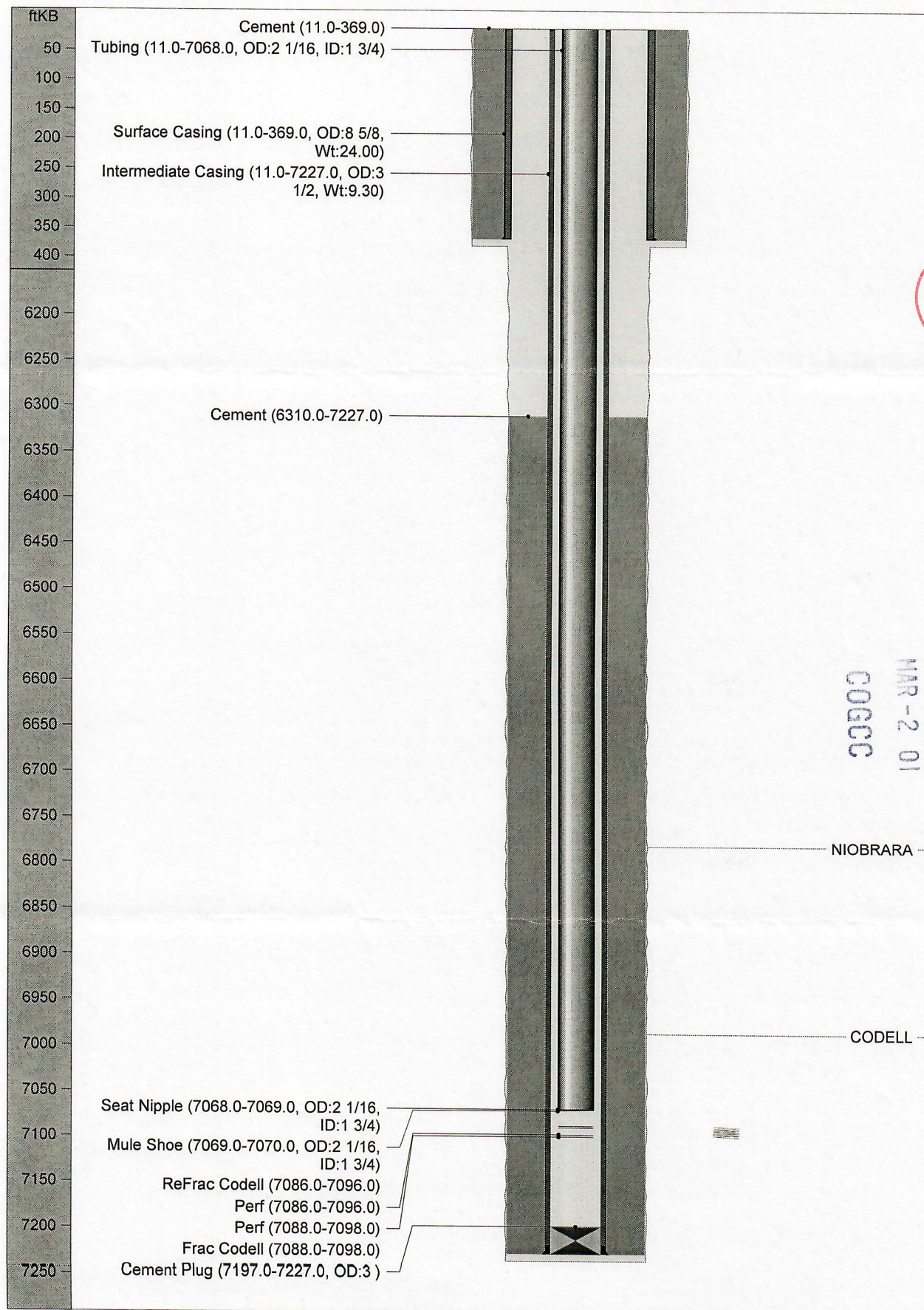
Tubing Size:	Setting Depth:	Packer Depth:
Non-producing Completion Status:	Abd <input type="checkbox"/> SI <input type="checkbox"/>	Reason shut In:

Abandonment of Zone	Date:	Squeezed:	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 TINA MILLER

Signed Tina C Miller Title: ENGINEERING TECHNICIAN Date: 03/01/01



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