



Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

COMPLETED INTERVAL REPORT

RECEIVED JUL 17 00

Handwritten initials

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.

ET OE PR ES

Complete the Attachment Checklist

OGCC Operator Number: 72085 Contact Name & Phone: TINA MILLER Name of Operator: Prima Oil & Gas Company Address: 1801 Broadway, Suite 500 City: Denver State: CO Zip: 80202 API Number: 05-123-19008-00 Well Name: State Clark Number: 36-21 Location: NENW 36-5N-65W, 6th PM

List in order of completion.

FORMATION: Codell Producing Y [x] N [ ] Commingled [ ] OGCC [ ] Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion

Reperfed 7010' 7020' 40 3 1/8 slkgun Refraced Codell w/252,523# of 20/40 sand, using 117,050 gal. Of Vistar 22#, 20#, and 18# gel.

Test Information Date: 10/26/99 Hours: 24 Bbls Oil: 18 MCF Gas: 347 Bbls H2O: 2

Production Test Method: Flowing Casing Pressure: 680# Flowing Tubing Pressure: 590# Choke Size: 12/64

API Gravity Oil: BTU Gas: Gas Disposition: sold

Calculated 24 Hr Rate Bbls Oil: 18 MCF Gas: 347 Bbls H2O: 2 GOR: 19,275

Production Method: Flowing

Tubing Size: 2 1/16 Setting Depth: 7005' Packer Depth:

Non-producing Completion Status: [ ] Abd [ ] SI Reason shut in:

Abandonment of Zone Date: Squeezed: Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Y [ ] N [ ] Commingled [ ] OGCC [ ] Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion

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 [ ] SI 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 Miller Title: Engineering Technician Date: 7/14/00



# STATE CLARK 36-21

# PRIMA OIL & GAS 7/14/2000

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COGCC

