

Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES

COMPLETED INTERVAL REPORT



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: TINA MILLER	Wellbore diagram	Oper	OGCC
Name of Operator: PRIMA OIL & GAS COMPANY	No: (303) 297-2300	Site Facility Diagram	<input checked="" type="checkbox"/>	
Address: 1099 18th Street, Suite 400	Fax: (303) 297-7708			
City: DENVER State: CO Zip: 80202				
API Number : 05- 123-20317-00				
Well Name: STATE BERNHARDT Number: 36-12				
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNE Sec. 36-T5N-R67W, 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
7375'	7385'	40	2 1/8" RTG	<input type="checkbox"/>

Formation Treatment Describe:  
Frac'd Codell w/ 340,600# 20/40 sd using 114,198 gal 33#, 30#, 27# PurGel w/ 2% Kcl

Test Information	Date: 05/07/01	Hours: 24	Bbls Oil: 2	MCF Gas: 87	Bbls H2O: 18
Production Test Method: Flowing	Casing Pressure: 170	Flowing Tubing Pressure: ---	Choke Size: 16/64		
API Gravity Oil:	BTU Gas:	Gas Disposition: Sold			
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H2O	GOR: 43,500	

Production Method: Flowing

Tubing Size:	Setting Depth:	Packer Depth:
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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
				<input type="checkbox"/>

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:
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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: 05/07/01