

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.



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	X	
Address: 1099 18th Street, Suite 400	No: (303) 297-2300			
City: DENVER State: CO Zip: 80202	Fax: (303) 297-7708			
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 <input checked="" type="checkbox"/> N <input type="checkbox"/>		Commingled <input type="checkbox"/>		OGCC
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion		
7375'	7385'	40	2 1/8" RTG			
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:				
Non-producing Completion Status: <input type="checkbox"/> Abd <input type="checkbox"/> SI Reason shut in:						
Abandonment of Zone		Date:	Squeezed:	Sacks Cement:		
Bridge Plug Depth:		Sacks Cement on Top:				

FORMATION:		Producing Y <input type="checkbox"/> N <input type="checkbox"/>		Commingled <input type="checkbox"/>		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: <input type="checkbox"/> Abd <input type="checkbox"/> 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