



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.

EF	OE	PR	ES
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Complete the Attachment Checklist

OGCC Operator Number:	72085	Contact Name & Phone	
Name of Operator:	PRIMA OIL & GAS COMPANY		TINA MILLER
Address:	1801 BROADWAY, SUITE 500	No:	(303) 297-2300
City:	DENVER	State:	CO
		Zip:	80202
API Number :	05- 123-19851-00	Fax:	(303) 297-7708
Well Name:	SCOTTDALE	Number:	26-13
Location (QtrQtr, Sec, Twp, Rng, Meridian):		SWNE Sec. 26, T4N-R67W, 6th PM	

Wellbore diagram	Oper	OGCC
Site Facility Diagram		

List in order of completion.

FORMATION: CODELL	Producing	Y <input checked="" type="checkbox"/>	N <input type="checkbox"/>	Commingled	<input type="checkbox"/>	OGCC
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Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion
7164'	7184'	80	3 1/8"	<input type="checkbox"/>

Formation Treatment Describe:  
Frac with 15,200# 100-mesh, 382-800# 20/40 sand, 8000# 12/20 AcFrac PRB (black) and 131,15 gal 35# and 31# Prima Gel.

Test Information	Date:	Hours:	Bbls Oil:	MCF Gas:	Bbls H2O:
	03/20/00	24	46	127	20
Production Test Method:	Casing Pressure:	Flowing Tubing Pressure:	Choke Size		
Flowing	460	0	12/64		
API Gravity Oil:	BTU Gas:	Gas Disposition:			
Calculated 24 Hr Rate	Bbls Oil:	MCF Gas:	Bbls H2O	GOR:	
	46	127	20		2760
Production Method:					

Tubing Size:	Setting Depth:	Packer Depth:	Flowing		
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
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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:
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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:					
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Bridge Plug Depth:	Sacks Cement on Top:				

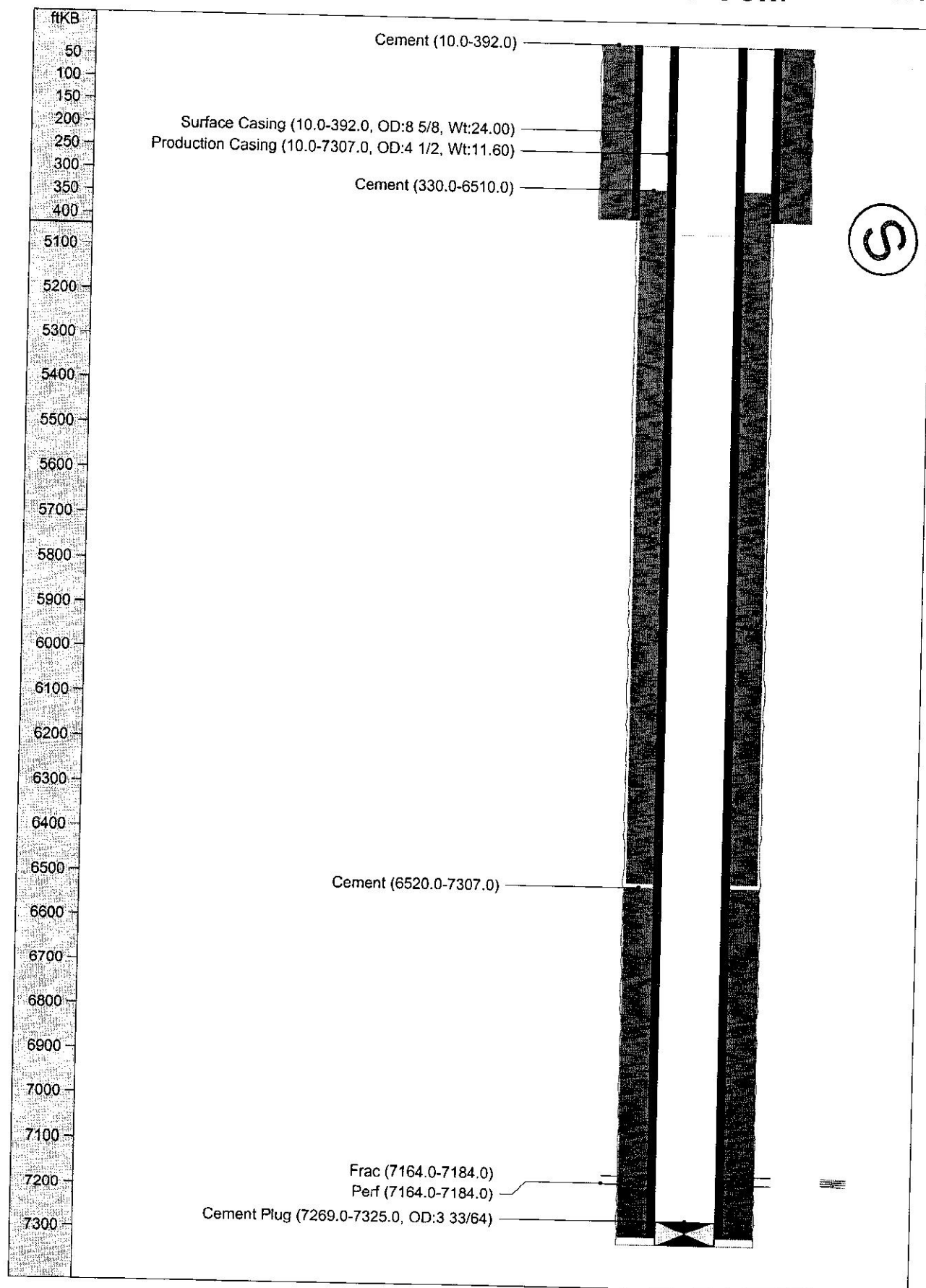
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct, and complete.

Print Name TINA MILLER

Signed Tina Miller

Title: ENGINEERING TECHNICIAN

Date: 04/13/00



26-13  
SWNE

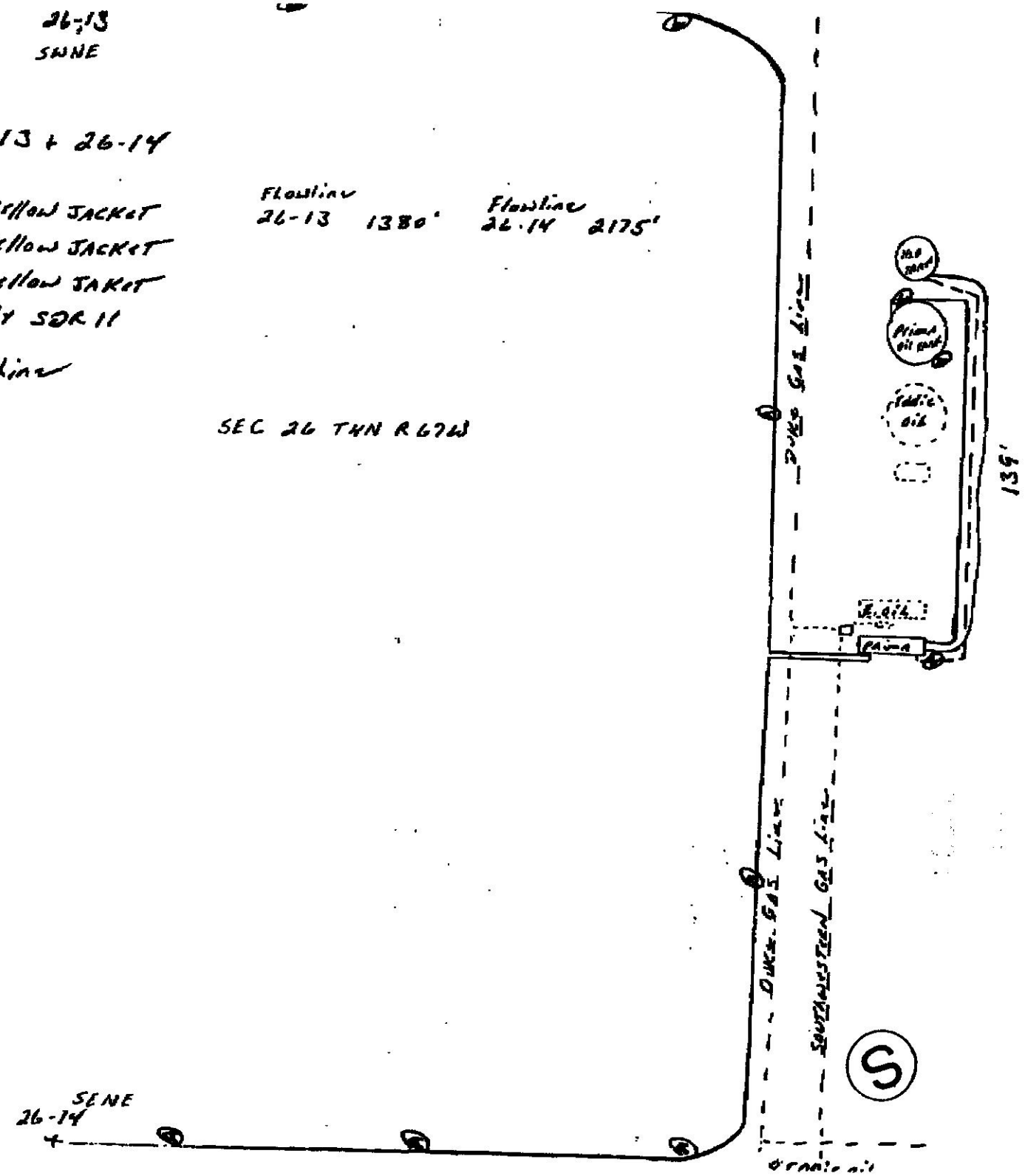
SCOTTDALE 26-13 + 26-14

Flowline 2" YELLOW JACKET  
Oil Line 2" YELLOW JACKET  
BYPASS Line 2" YELLOW JACKET  
H2O Line 2" POLY SDR 11  
1" POLY RAN w/ Flowline

Flowline 26-13 1380' Flowline 26-14 2175'

SEC 26 T4N R67W

SENE  
26-14



N

26-14