



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	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- 123-20070-00				
Well Name: McDONNELL	Number: 11-31			
Location (QtrQtr, Sec, Twp, Rng, Meridian):	NESW Sec. 11-T5N-R65W, 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	
6960'	6972'	48	3 1/8" Slk Gun	<input type="checkbox"/>	
Formation Treatment Describe:					
Frac Codell w/ 400,200# 20/40 and 129,360 gal 35# & 31# Prima Gel					
Test Information	Date: 01/10/01	Hours: 24	Bbls Oil: 43	MCF Gas: 302	Bbls H2O: 22
Production Test Method: Flowing		Casing Pressure: 450	Flowing Tubing Pressure: 0	Choke Size 12/64	
API Gravity Oil:		BTU Gas:	Gas Disposition: Sold		
Calculated 24 Hr Rate	Bbls Oil: 43	MCF Gas: 302	Bbls H2O: 22	GOR: 7020	
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	
				<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:			
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: 01/17/01

McDonnell 11-31

Prima Oil & Gas

1/17/01

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