

State of Colorado  
Oil and Gas Conservation Commission  
DEPARTMENT OF NATURAL RESOURCES

FOR OGCC USE ONLY  
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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 (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: 67305		4. Contact Name & Phone		Oper OGCC	
Name of Operator: Patina Oil & Gas Corporation		James Annable		Wellbore Diagram X	
Address: 1625 Broadway, Suite 2000		No: 303-389-3610		Site Facility Diagram	
City: Denver State: CO Zip: 80202		Fax: 303-595-7411			
API Number: 05-123-14968					
Well Name: Schmier		Number: 32-4 A			
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW Section 32-T5N-R64W					

FORMATION:		CODL (Refrac)		Producing Y X N		Commingled X		OGCC	
Perforations Gross Interval: Top		Bottom		No. Holes:		Size:		Open Hole Completion	
6984'		6998'		56					
Formation Treatment Describe:		130,578 gal Vistar 28/26# Gel & 246,120# 20/40 Ottawa Sand							
Test Information C/N		Date: 7/25/02		Hours: 24		Bbls Oil: 5		MCF Gas: 114	
								Bbls H2O: 0	
Production Test Method: Flowing		Casing Pressure:		Flowing Tubing Pressure: 170		Choke Size: 22/64			
API Gravity Oil:		BTU Gas:		Gas Disposition: Sold					
Calculated 24 Hr Rate		Bbls Oil: 5		MCF Gas: 114		Bbls H2O: 0		GOR: 23	
Production Method: Flowing									
Tubing Size: 2-3/8" & 2-7/8"		Setting Depth: 6937'		Packer Depth: 6937'					
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 N		Commingled		OGCC			
Perforations Gross Interval: Top 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: James Annable  
Signed: [Signature] Title: Regulatory Engineer Date: 08/08/02