



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

Wellbore diagram	Oper	OGCC
Site Facility Diagram		

OGCC Operator Number: 72085 Contact Name & Phone: TINA MILLER
 Name of Operator: PRIMA OIL & GAS COMPANY No: (303) 297-2300
 Address: 1099 18th Street, Suite 400 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 N Commingled 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: Abd SI Reason shut In:

Abandonment of Zone Date: Squeezed: Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:



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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