



00936843

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MAY 29 2001

OIL & GAS COMMISSION

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

Oper OGCC

OGCC Operator Number: 72085	Contact Name & Phone	Wellbore diagram	X	OGCC
Name of Operator: PRIMA OIL & GAS COMPANY	TINA MILLER	Site Facility Diagram		
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 ☒ N ☐

Commingled ☐

OGCC

Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion
7375'	7385'	40	2 1/8" RTG	<input type="checkbox"/>

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 ☐ N ☐

Commingled ☐

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: 05/07/01