

State of Colorado
Oil and Gas Conservation Commission

DEPARTMENT OF NATURAL RESOURCES



FOR OGCC USE ONLY

DEC - 7 1998

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.

ET BM OE HR PR ES

Complete the
Attachment Checklist

OGCC Operator Number: 72085		Contact Name & Phone
Name of Operator: Prima Oil & Gas Company		Georganne Mitchell
Address: 1801 Broadway, Suite 500		No: (303) 297-2300
City: Denver	State: CO	Zip: 80202
API Number: 05- 123-16259		Fax: (303) 297-7708
Well Name: Kawata		Number: 15-22
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW Sec. 15-T4N-R66W		

	Oper	OGCC
Wellbore diagram	<input checked="" type="checkbox"/>	
Site Facility Diagram		

List in order of completion.

FORMATION: CODELL <u>CODL</u>		Producing Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	Commingled <input type="checkbox"/>	OGCC <input type="checkbox"/>
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion <input type="checkbox"/>
Re-shot 7230'	7240'	40	2-1/2" RTG	
Formation Treatment Describe: Broke Codell w/3124psi, injected 46 bbls KCL. Re-frac'd w/10,000# of 100 mesh and 300,000# of 20-40 sand using 127,470 gals of Vistar 22#, 20# 18# gell.				
Test Information	Date: 11/23/98	Hours: 24	Bbls Oil: 5	MCF Gas: 530
				Bbls H2O: 8
Production Test Method: Flowing	Casing Pressure: 750#	Flowing Tubing Pressure: 660#	Choke Size 14/64	
API Gravity Oil:	BTU Gas:	Gas Disposition: sold		
Calculated 24 Hr Rate	Bbls Oil: 5	MCF Gas: 530	Bbls H2O: 8	GOR: 106,000
Production Method: Flowing				
Tubing Size: 2-3/8"	Setting Depth: 7248'	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 <input type="checkbox"/>
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 Georganne Mitchell

Signed

Georganne Mitchell

Title: Operations Asst.

Date: 12/3/98