



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 [initials] OE [initials] PR [] ES []

Complete the Attachment Checklist

Table with columns for Wellbore diagram, Site Facility Diagram, and checkboxes for Oper and OGCC.

OGCC Operator Number: 72085
Name of Operator: Prima Oil & Gas Company
Address: 1801 Broadway, Suite 500
City: Denver State: CO Zip: 80202
API Number: 05- 123-16259
Well Name: Kawata Number: 15-22
Location (QtrQtr, Sec, Twp, Rng, Meridian): NWNW Sec. 15-T4N-R66W

List in order of completion.

FORMATION: CODELL CODL Producing Y [X] N [] Commingled [] OGCC

Perforations Gross Interval: Top Bottom No. Holes: Size: Open Hole Completion

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: [] Abd [] SI Reason shut in:

Abandonment of Zone Date: Squeezed: Sacks Cement:

Bridge Plug Depth: Sacks Cement on Top:

FORMATION: Producing Y [] N [] Commingled [] OGCC

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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: [] Abd [] 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 [Signature] Title: Operations Asst. Date: 12/3/98