



RECEIVED OCT-6 04 COGCC



1120 Lincoln Street, Suite 801, Denver, Colorado 80203 (303) 894-2100 Fax (303) 894-2109

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

	Oper	OGCC
Wellbore Diagram		
Site Facility Diagram		

1. OGCC Operator Number: 50150		4. Contact Name and Telephone Russell Branting	
2. Name of Operator: Lance Oil & Gas, Inc.		No: 303 252-6234	
3. Address: 1099 18th St., Ste. 1200		Fax: 303 450-6927	
City: Denver State: CO Zip: 80202			
5. API Number: 05-095-06073		6. County: Phillips	
7. Well Name: Schlachter		Well Number: 10-22	
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NWSE Sec. 22 T 9 N R 43 W			

List in order of completion:

FORMATION: Niobrara		<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input checked="" type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top 2386	Bottom 2424	No. Holes: 118	Size: 0.42	Open Hole Completion (check if yes) <input type="checkbox"/>	
Formation Treatment Describe: Frac Niobrara w/70 quality binary in 37,464 gal 3% KCL water, 133,980# 16/30 Arizona sd & 3,175 mscf N2 124 tons CO2					

Test Information Date: 08/19/04		Hours: 24	Bbls Oil: 0	MCF Gas: 288	Bbls H2O: 216
Production Test Method: Flow		Casing Pressure: 360	Flowing Tubing Pressure: 170	Choke Size: 26/64	
API Gravity Oil: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	Gas Disposition:		
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H2O:	GOR:	
Production Method:					
Tubing Size: 2 3/8"	Setting Depth: 2319	Packer Depth:			
Reason for Non-Production:					
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	Sacks Cement:			
Bridge Plug Depth:	Sacks Cement on Top:				

FORMATION:		<input type="checkbox"/> Producing	<input type="checkbox"/> Abandoned	<input type="checkbox"/> Shut-In	<input type="checkbox"/> Commingled
Perforations Gross Interval: Top	Bottom	No. Holes:	Size:	Open Hole Completion (check if yes) <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: <input type="checkbox"/> Oil <input type="checkbox"/> Condensate	BTU Gas:	<input type="checkbox"/> Wet <input type="checkbox"/> CO2 <input type="checkbox"/> Helium <input type="checkbox"/> Dry <input type="checkbox"/> Coal Gas <input type="checkbox"/> Other:	Gas Disposition:		
Calculated 24 Hr. Rate	Bbls Oil:	MCF Gas:	Bbls H2O:	GOR:	
Production Method:					
Tubing Size:	Setting Depth:	Packer Depth:			
Reason for Non-Production:					
Abandonment of Zone Date:	Squeezed: <input type="checkbox"/> Y <input type="checkbox"/> N	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: Russell Branting

Signed: Title: Sr. Petroleum Engineer Date: 10/05/04