



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

RECEIVED SEP -14 07 COGCC

COMPLETED INTERVAL REPORT

The Completed Interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10203	4. Contact Name: Ray C. McConnell
2. Name of Operator: PRB Oil & Gas Inc.	Phone: (307) 299-8561
3. Address: 1875 Lawrence Street, Suite 450	Fax: 307-686-3743
City: Denver State: CO Zip: 80202	
5. API Number 05-095-06131-00	6. County: Phillips
7. Well Name: Schlacter	Well Number: 943-22-23
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NE/SW Sec. 22, T9N/R43W	

Complete the Attachment Checklist

OP OGCC

wellbore diagram 1838051

FORMATION: Niobrara Status: Producing

Treatment Date: 7/27/2007 Date of First Production this formation: 8/1/2007

Perforations Top: 2370 Bottom: 2380' No. Holes 30 Hole size: .42

Provide a brief summary of the formation treatment: 99,920# 16/30 Brady Frac sand, 60 ton CO2

Open Hole

Treated with Maverick Stimulation Co.

This formation is commingled with another formation

Test Information:
 Date: 8/1/2007 Hours: 12 Bbls oil: Mcf Gas: 140 Bbls H₂O: 0
 Calculated 24 hour rate: Bbls oil: Mcf Gas: 280 Bbls H₂O: 0 GOR:
 Test Method: Flowing Casing PSI: 480 Tubing PSI: N/A Choke size: 18/64
 Gas Disposition: Sold Gas Type: Wet BTU Gas: 972.2 API Gravity Oil:
 Tubing Size: N/A Tubing Setting Depth: Tbg setting date: Packer Depth:
 Reason for Non-Production:
 Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt
 Bridge Plug Depth: Sacks cement on top:



FORMATION: Status:

Treatment Date: Date of First Production this formation:

Perforations Top: Bottom: No. Holes Hole size:

Provide a brief summary of the formation treatment: Open Hole

This formation is commingled with another formation

Test Information:
 Date: Hours: Bbls oil: Mcf Gas: Bbls H₂O:
 Calculated 24 hour rate: Bbls oil: Mcf Gas: Bbls H₂O: GOR:
 Test Method: Casing PSI: Tubing PSI: Choke size:
 Gas Disposition: Gas Type: BTU Gas: API Gravity Oil:
 Tubing Size: Tubing Setting Depth: Tbg setting date: Packer Depth:
 Reason for Non-Production:
 Date formation Abandoned: Squeezed Yes No If yes number of sacks cmt
 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: Ray C. McConnell Email: rmconnell@prbenergy.com
Signature: [Handwritten Signature] Title: Drilling Supt. Date: 8/29/2007