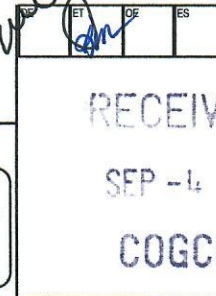


State
Oil and Gas Cons

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



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 City: Denver State: CO Zip: 80202	Fax: 307-686-3743
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

☒☒

1838052

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 <input type="checkbox"/>
Treated with Maverick Stimulation Co.		
This formation is commingled with another formation <input type="checkbox"/>		
Test Information:		
Date: 8/1/2007	Hours: 12	Bbls oil: Mcf Gas: 140 Bbls H ₂ O: 0
Calculated 24 hour rate:	Bbls oil: Mcf Gas: 280	Bbls H ₂ O: 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/>
This formation is commingled with another formation <input type="checkbox"/>		
Test Information:		
Date:	Hours:	Bbls oil: Mcf Gas: Bbls H ₂ O:
Calculated 24 hour rate:	Bbls oil: Mcf Gas:	Bbls H ₂ O: 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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: *Ray C. McConnell*

Title: Drilling Supt.

Date: 8/29/2007