

State of Colorado
Oil and Gas Conservation Commission

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



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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 City: Denver State: CO Zip: 80202	Fax: 307-686-3743
5. API Number 05-095-06132-00	6. County: Phillips Co.
7. Well Name: Ozman Trust	Well Number: 943-29-13
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): NW/SW Sec. 29, T9N/R43W	



OP OGCC
wellbore diagram 1838076

FORMATION: Niobrara Status Producing

Treatment Date: 9/5/07 Date of First Production this formation: 9/12/2007

Perforations Top: 2406 Bottom: 2416 No. Holes 30 Hole size: .42

Provide a brief summary of the formation treatment: 100,660# 16/30 sand, 50 ton CO2 hybrid linear gel frac w/ Cal-Frac Well Service

Open Hole

This formation is commingled with another formation

Test Information:
Date: 9/12/2007 Hours: 9 Bbls oil: Mcf Gas: 5 Bbls H₂O: 2
Calculated 24 hour rate: Bbls oil: Mcf Gas: 15 Bbls H₂O: 6 GOR:
Test Method: Flowing Casing PSI: 60 Tubing PSI: n/a Choke size: 48/64
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: rmcconnell@prbenergy.com
Signature: *Ray C. McConnell* Title: Drilling Supt. Date: 9/24/2007