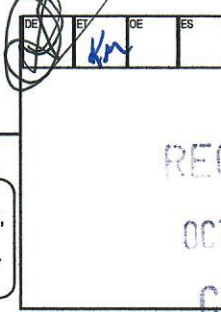


State of Colorado  
Oil and Gas Conservation Commission

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	Fax: 307-686-3743
City: Denver State: CO Zip: 80202	
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	
This formation is commingled with another formation <input type="checkbox"/>	
Test Information:	
Date: 9/12/2007 Hours: 9	Bbls oil: Mcf Gas: 5 Bbls H <sub>2</sub> O: 2
Calculated 24 hour rate:	Bbls oil: Mcf Gas: 15 Bbls H <sub>2</sub> O: 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 <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 <sub>2</sub> O:
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H <sub>2</sub> 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: rmcconnell@prbenergy.com

Signature: Ray C. McConnell

Title: Drilling Supt.

Date: 9/24/2007