

FORM
5A

Rev
06/12

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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Document Number:

400472874

Date Received:

08/27/2013

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: 200149
2. Name of Operator: ATLAS RESOURCES LLC DBA ATLAS ROCKIES
3. Address: 3500 MASSILLON ROAD #100
City: UNIONTOWN State: OH Zip: 44685
4. Contact Name: Madeleine Lariviere
Phone: (303) 308-1330
Fax: (303) 308-1590

5. API Number 05-095-06331-00
6. County: PHILLIPS
7. Well Name: SCHLACHTER
Well Number: 843-31-14
8. Location: QtrQtr: Lot 4 Section: 31 Township: 8N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 11/01/2011 End Date: 11/01/2011 Date of First Production this formation: 12/20/2011

Perforations Top: 2386 Bottom: 2414 No. Holes: 168 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment: Open Hole:

SAFETY MEETING
50,080# 16/30 TEXAS GOLD
50,040# 12/20 TEXAS GOLD
60.43 TON CO2
BREAKDOWN = 898 PSI
ISIP = 641 PSI/5 MIN = 595 PSI
10 MIN = 586 PSI/15 MIN = 583 PSI
563 BBLS TO RECOVER

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 563 Max pressure during treatment (psi): 898

Total gas used in treatment (mcf): 1038 Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): _____

Total acid used in treatment (bbl): _____ Number of staged intervals: 1

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): 100020 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 12/27/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 161 Bbl H2O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 161 Bbl H2O: 0 GOR: 0

Test Method: Flow Test Casing PSI: 140 Tubing PSI: 0 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2454 Tbg setting date: 04/13/2012 Packer Depth: 0

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

** Bridge Plug Depth: _____ ** Sacks cement on top: _____ ** Wireline and Cement Job Summary must be attached.

Comment: _____

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Billy Hataway

Title: Dir. Field Oper. Date: 8/27/2013 Email: bhataway@blackravenenergy.com

Attachment Check List

Att Doc Num **Name**

400472874 FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Submitter changed to agent for Atlas. Operator on form changed to Atlas to match change of operator form 10.	9/30/2013 7:28:44 AM

Total: 1 comment(s)