

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:
2233267

Date Received:
08/24/2012

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

5. API Number <u>05-095-06371-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>RAFERT</u>	Well Number: <u>843-32-23</u>
8. Location: QtrQtr: <u>NESW</u> Section: <u>32</u> Township: <u>8N</u> Range: <u>43W</u> Meridian: <u>6</u>	
9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 12/29/2011 End Date: _____ Date of First Production this formation: 01/18/2012

Perforations Top: 2378 Bottom: 2394 No. Holes: 96 Hole size: 42/100

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

"Safety Meeting.
Breakdown @ 924 psi.
Total 50,040# 16/30 Daniels sand.
Total 50,840# 12/20 Texas Gold sand.
60.05 Ton CO₂.
ISIP 668 PSI, 5 MIN 613 PSI, 10 MIN 603 PSI, 15 MIN 600 PSI.
Max Rate 13.9 bpm, Avg Rate 7.5 bpm.
Max Pressure 924 psi, Avg Pressure 658 psi.
TOTAL BBL TO RECOVER 552

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 552 Max pressure during treatment (psi): 924

Total gas used in treatment (mcf): 1032 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): 100880 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: 02/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 13 Bbl H₂O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 13 Bbl H₂O: 0 GOR: _____

Test Method: FLOW Casing PSI: 80 Tubing PSI: _____ Choke Size: 48/64

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

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

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: WILLIAM F HAYWORTH

Title: PRESIDENT Date: 8/23/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
2233267	FORM 5A SUBMITTED
2233268	WELLBORE DIAGRAM
2233269	OTHER

Total Attach: 3 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)