

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:
2233766

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: 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 05-095-06350-00
6. County: PHILLIPS
7. Well Name: RAFERT
Well Number: 843-22-12
8. Location: QtrQtr: SWNW Section: 22 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: 12/07/2011 End Date: _____ Date of First Production this formation: 01/26/2012

Perforations Top: 2384 Bottom: 2414 No. Holes: 180 Hole size: 42/100

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

"Safety Meeting.
Breakdown @ 993 psi.
Total 50,040# 16/30 Daniels Sand.
Total 50,020# 12/20 Daniels Sand.
62.70 Tons CO₂.
ISIP 770 psi, 5 min 659 psi, 10 min 651 psi, 15 min 653 psi.
Max Rate 13.8 bpm, Avg Rate 11.4 bpm.
Max Pressure 1,130 psi, Avg Pressure 698 psi.
556 bbl wtr to recover."

This formation is commingled with another formation: Yes No

Total fluid used in treatment (bbl): 556 Max pressure during treatment (psi): 1130

Total gas used in treatment (mcf): 1077 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): 100060 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: 02/14/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 125 Bbl H₂O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 125 Bbl H₂O: 0 GOR: _____

Test Method: FLOW Casing PSI: 180 Tubing PSI: _____ Choke Size: 28/64

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2402 Tbg setting date: 04/17/2012 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: 7/21/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

Att Doc Num

Name

2233766	FORM 5A SUBMITTED
2233767	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)