

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:
2233455

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 05-095-06341-00
6. County: PHILLIPS
7. Well Name: LEBEN
Well Number: 843-21-31
8. Location: QtrQtr: NWNE Section: 21 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: 12/06/2011 End Date: _____ Date of First Production this formation: 01/26/2012
Perforations Top: 2390 Bottom: 2410 No. Holes: 120 Hole size: 42/100
Provide a brief summary of the formation treatment: _____ Open Hole:

"Safety Meeting.
Breakdown @ 916 psi.
Total 50,020# 16/30 Daniels Sand.
Total 50,060# 12/20 Texas Gold Sand.
58.70 Tons CO₂.
ISIP 597 psi, 5 min 585 psi, 10 min 581 psi, 15 min 579 psi.
Max Rate 13.7 bpm, Avg Rate 9.3 bpm.
Max Pressure 1,022 psi, Avg Pressure 619 psi.
555 bbls wtr to recover."

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 555 Max pressure during treatment (psi): 1022
Total gas used in treatment (mcf): 1009 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): 100080 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: 60 Bbl H₂O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 60 Bbl H₂O: 0 GOR: _____
Test Method: FLOW Casing PSI: 90 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>
2233455	FORM 5A SUBMITTED
2233456	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Must report to Frac Focus within 60 days of treatment.	10/2/2013 6:11:15 AM

Total: 1 comment(s)