

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:

2233435

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 05-095-06411-00

7. Well Name: LEBEN

8. Location: QtrQtr: NWNW

Section: 10

Township: 8N

Range: 43W

Meridian: 6

9. Field Name: AMHERST

Field Code: 2480

6. County: PHILLIPS

Well Number: 843-10-11

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 02/27/2012 End Date: Date of First Production this formation:

Perforations Top: 2396 Bottom: 2422 No. Holes: 156 Hole size: 42/100

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

"SAFETY MEETING
50,020# 16/30 DANIELS
50,000# 12/20 TEXAS GOLD
60.15 CO2
BREAKDOWN =1126 PSI
ISIP = 690 PSI / 5 MIN = 636 PSI
10 MIN = 621 PSI / 15 MIN =615 PSI 550 BBLS"

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): 550 Max pressure during treatment (psi): 1126
Total gas used in treatment (mcf): 1033 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: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: 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: TEMPORARILY SHUT IN

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: 8/22/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

Att Doc Num	Name
2233435	FORM 5A SUBMITTED
2233436	OTHER

Total Attach: 2 Files

General Comments

User Group

Comment

Comment Date

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Total: 0 comment(s)