

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:

2233383

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 05-095-06448-00

7. Well Name: KAUP

8. Location: QtrQtr: NWSE Section: 3 Township: 8N Range: 44W Meridian: 6

9. Field Name: AMHERST Field Code: 2480

6. County: PHILLIPS

Well Number: 844-3-33

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 04/12/2012 End Date: 04/12/2012 Date of First Production this formation: 07/05/2012

Perforations Top: 2494 Bottom: 2510 No. Holes: 96 Hole size: \_\_\_\_\_

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

"Safety meeting.  
Break down @ 1,124 psi.  
Total 50,020# 16/30 Daniels sand.  
Total 50,080# 12/20 Texas Gold sand.  
60.10 Tons CO<sub>2</sub>.  
ST ISIP 567 psi, 5 min 535 psi, 10 min 529 psi, 15 min 522 psi.  
Max Rate 13.9 bpm, Avg Rate 10.8 bpm.  
Max Pressure 1,125 psi, Avg Pressure 609 psi.  
547 bbl of water to recover."

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

Total fluid used in treatment (bbl): 547

Max pressure during treatment (psi): 1125

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): 100100

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: 07/10/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 26 Bbl H<sub>2</sub>O: 0

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 26 Bbl H<sub>2</sub>O: 0 GOR: 0

Test Method: FLOW Casing PSI: 90 Tubing PSI: 0 Choke Size: 0

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

Tubing Size: 2 + 3/8 Tubing Setting Depth: 2539 Tbg setting date: 08/01/2012 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: 8/17/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

### Attachment Check List

**Att Doc Num**

**Name**

2233383	FORM 5A SUBMITTED
2233384	OTHER

Total Attach: 2 Files

### General Comments

**User Group**

**Comment**

**Comment Date**

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Total: 0 comment(s)