

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:

2233351

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 05-095-06398-00

7. Well Name: Dirks

8. Location: QtrQtr: LOT 1

Section: 3

Township: 8N

Range: 43W

Meridian: 6

9. Field Name: AMHERST

Field Code: 2480

6. County: PHILLIPS

Well Number: 843-3-41-L1

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 01/31/2012 End Date: 01/31/2012 Date of First Production this formation: _____

Perforations Top: 2415 Bottom: 2436 No. Holes: 126 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
60.21 CO2
BREAKDOWN = 1093 PSI
ISIP = 581 PSI / 5 MIN = 566 PSI
10 MIN = 565 PSI / 15 MIN = 565 PSI 552 BBLS"

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

Total fluid used in treatment (bbl): 552 Max pressure during treatment (psi): 1093

Total gas used in treatment (mcf): 1035 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: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0

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

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

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: 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: 8/23/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

Att Doc Num	Name
2233351	FORM 5A SUBMITTED
2233352	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Fracture stimulation must be reported to Frac Focus within 60 days of treatment.	10/2/2013 7:07:05 AM

Total: 1 comment(s)