

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:

2238053

Date Received:

11/19/2012

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 05-095-06397-00

7. Well Name: Dirks

8. Location: QtrQtr: LOT 10

Section: 3

Township: 8N

Range: 43W

Meridian: 6

9. Field Name: AMHERST

Field Code: 2480

6. County: PHILLIPS

Well Number: 843-3-32-L10

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 01/30/2012 End Date: \_\_\_\_\_ Date of First Production this formation: 09/05/2012  
Perforations Top: 2406 Bottom: 2432 No. Holes: 156 Hole size: 6 + 1/4  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

"SAFETY MEETING  
50,000# 16/30 DANIELS  
50,100# 12/20 TEXAS GOLD  
59.81 TONS CO2  
BREAKDOWN = 1065 PSI  
ISIP = 630 PSI / 5 MIN = 588 PSI  
10 MIN = 579 PSI / 15 MIN = 571 PSI 553 BBLS"

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

Total fluid used in treatment (bbl): 553 Max pressure during treatment (psi): 1065  
Total gas used in treatment (mcf): \_\_\_\_\_ 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: 09/17/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 77 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 77 Bbl H2O: 0 GOR: 0  
Test Method: FLOW TEST Casing PSI: 90 Tubing PSI: \_\_\_\_\_ Choke Size: 48/64  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 2446 Tbg setting date: 11/12/2012 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: DAVID KUNOVIC  
Title: VICE PRESIDENT Date: 11/13/2012 Email: DKUNOVIC@BLACKRAVENENERGY.COM

### Attachment Check List

Att Doc Num	Name
2238053	FORM 5A SUBMITTED
2238054	WELLBORE DIAGRAM

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 7:11:04 AM

Total: 1 comment(s)