

**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: <u>200149</u>	4. Contact Name: <u>MADELEINE LARIVIERE</u>
2. Name of Operator: <u>ATLAS RESOURCES LLC DBA ATLAS ROCKIES</u>	Phone: <u>(303) 308-1330</u>
3. Address: <u>3500 MASSILLON ROAD #100</u>	Fax: <u>(303) 308-1590</u>
City: <u>UNIONTOWN</u> State: <u>OH</u> Zip: <u>44685</u>	

5. API Number <u>05-095-06397-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>Dirks</u>	Well Number: <u>843-3-32-L10</u>
8. Location: QtrQtr: <u>LOT 10</u> Section: <u>3</u> Township: <u>8N</u> Range: <u>43W</u> Meridian: <u>6</u>	
9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	

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)