

**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



DE	ET	OE	ES
----	----	----	----

Document Number:  
2233591

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: <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>05-095-06316-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>Claymon</u>	Well Number: <u>843-6-21-L6</u>
8. Location: QtrQtr: <u>Lot 6</u> Section: <u>6</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: FRACTURE STIMULATION  
Treatment Date: 09/06/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 09/12/2011  
Perforations Top: 2428 Bottom: 2456 No. Holes: 168 Hole size: 42/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

"SAFETY MEETING  
50,000# 16/30 DANIELS  
50,080# 12/20 TEXAS GOLD  
60.22 TON CO2 BRK = 713 PSI ISIP=660 PSI  
5 MIN =628 PSI 10 MIN =613 PSI  
15 MIN =602 PSI 549 BBLS"

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 549 Max pressure during treatment (psi): 833  
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): 100080 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: 10/27/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 109 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 109 Bbl H2O: 0 GOR: \_\_\_\_\_  
Test Method: FLOW Casing PSI: 260 Tubing PSI: 100 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: 2403 Tbg setting date: 10/03/2011 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: 7/19/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

### Attachment Check List

Att Doc Num	Name
2233591	FORM 5A SUBMITTED
2233592	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 7:34:04 AM

Total: 1 comment(s)