

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:

2233339

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 05-095-06396-00  
6. County: PHILLIPS  
7. Well Name: Dirks  
Well Number: 843-3-31-L7  
8. Location: QtrQtr: LOT 7 Section: 3 Township: 8N Range: 43W Meridian: 6  
9. Field Name: AMHERST Field Code: 2480

### Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: \_\_\_\_\_  
Treatment Date: 01/30/2012 End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 2404 Bottom: 2432 No. Holes: 168 Hole size: 42/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

"SAFETY MEETING  
50,020# 16/30 DANIELS  
50,080# 12/20 TEXAS GOLD  
60.13 CO2  
BREAKDOWN = 1113 PSI  
ISIP = 591 PSI / 5 MIN = 573 PSI  
10 MIN = 566 PSI / 15 MIN = 562 PSI 552 BBLS"

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

Total fluid used in treatment (bbl): 552 Max pressure during treatment (psi): 1113  
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: 01/14/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 12 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 12 Bbl H2O: 0 GOR: 0  
Test Method: flow test Casing PSI: 60 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
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: 01/11/2013 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
2233339	FORM 5A SUBMITTED
2233340	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 7:15:50 AM
Permit	Requested test information	10/2/2013 7:15:25 AM

Total: 2 comment(s)