

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:

2233323

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

5. API Number 05-095-06400-00	6. County: PHILLIPS
7. Well Name: Dirks	Well Number: 843-3-21-L6
8. Location: QtrQtr: LOT 6 Section: 3 Township: 8N Range: 43W Meridian: 6	
9. Field Name: AMHERST	Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

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

Perforations Top: 2398 Bottom: 2420 No. Holes: 132 Hole size: 42/100

Provide a brief summary of the formation treatment: Open Hole: ☐

"SAFETY MEETING
50,020# 16/30 DANIELS
50,280# 12/20 TEXAS GOLD
60.44 CO2
BREAKDOWN = 1507 PSI
ISIP = 935 PSI / 5 MIN = 758 PSI
10 MIN = 733 PSI / 15 MIN = 715 PSI 550 BBLS"

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

Total fluid used in treatment (bbl): 550 Max pressure during treatment (psi): 1507
Total gas used in treatment (mcf): 1038 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): 100300 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: 8 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 8 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: _____ 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
2233323	FORM 5A SUBMITTED
2233324	OTHER

Total Attach: 2 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Added provided test information.	10/3/2013 6:23:09 AM
Permit	Requested test information.	10/2/2013 7:23:29 AM
Permit	Fracture stimulation must be reported to Frac Focus within 60 days of treatment.	10/2/2013 7:23:23 AM

Total: 3 comment(s)