

FORM
5Rev
02/08**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:

2233385

Date Received:

08/24/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 200149 4. Contact Name: MADELEINE LARIVIERE
2. Name of Operator: ATLAS RESOURCES LLC DBA ATLAS ROCKIES Phone: (303) 308-1330X106
3. Address: 3500 MASSILLON ROAD #100 Fax: (303) 308-1590
City: UNIONTOWN State: OH Zip: 44685

5. API Number 05-095-06365-00 6. County: PHILLIPS
7. Well Name: Beal Federal Well Number: 843-5-13
8. Location: QtrQtr: NWSW Section: 5 Township: 8N Range: 43W Meridian: 6
Footage at surface: Distance: 1549 feet Direction: FSL Distance: 1274 feet Direction: FWL
As Drilled Latitude: 40.690389 As Drilled Longitude: -102.178611

GPS Data:

Date of Measurement: 04/02/2012 PDOP Reading: 2.0 GPS Instrument Operator's Name: KEVIN MCCORMICK

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____

Sec: _____ Twp: _____ Rng: _____

9. Field Name: AMHERST 10. Field Number: 248011. Federal, Indian or State Lease Number: COC06594312. Spud Date: (when the 1st bit hit the dirt) 03/27/2012 13. Date TD: 04/04/2012 14. Date Casing Set or D&A: 04/04/2012

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 2644 TVD** _____ 17 Plug Back Total Depth MD 2595 TVD** _____18. Elevations GR 3698 KB 3710

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

GAMMA RAY, COMPENSATED DENSITY AND NEUTRON GAMMA RAY, DUAL INDUCTION GUARD LOG,, COMPENSATED DENSITY AND NEUTRON DI

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
SURF	9+7/8	7+0/0	0	0	476	105	0	481	CALC
1ST	6+1/4	4+1/2	0	0	2,637	142	680	2,637	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____					
Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom
Details of work:					

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	2,377	2,408	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,424	2,466	<input type="checkbox"/>	<input type="checkbox"/>	

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	Document Name	attached ?			
<u>Attachment Checklist</u>					
2233386	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2233385	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2518688	DENS/NEU - IND - LAS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2518689	DENS/NEU-IND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2518690	INDUCTION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2518691	POROSITY LOG	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Attached all logs.	10/23/2013 2:40:40 PM
Permit	Missing LAS log and hard copies/ PDF's of the induction and porsity logs	10/23/2013 7:21:50 AM

Total: 2 comment(s)