

FORM
5
Rev
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



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Document Number:
2233565

Date Received:
07/24/2012

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) 308-1330
 3. Address: 3500 MASSILLON ROAD #100 Fax: (303) 308-1590
 City: UNIONTOWN State: OH Zip: 44685

5. API Number 05-095-06328-00 6. County: PHILLIPS
 7. Well Name: SCHLACHTER Well Number: 743-6-11
 8. Location: QtrQtr: LOT 4 Section: 6 Township: 7N Range: 43W Meridian: 6
 Footage at surface: Distance: 296 feet Direction: FNL Distance: 235 feet Direction: FWL
 As Drilled Latitude: 40.614030 As Drilled Longitude: -102.205510

GPS Data:

Date of Measurement: 11/05/2011 PDOP Reading: 1.8 GPS Instrument Operator's Name: BOB 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: 2480

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/17/2011 13. Date TD: 09/19/2011 14. Date Casing Set or D&A: 09/19/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 2705 TVD** _____ 17 Plug Back Total Depth MD 2649 TVD** _____

18. Elevations GR 3585 KB 3597 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	472	108	0	478	CALC
1ST	6+1/4	4+1/2		0	2,691	80	1,905	2,691	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	2,325	2,358	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,373	2,416	<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: 7/12/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2233566	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>			
2233565	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2518817	DENS/NEU-IND-LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Requested LAS log and attached.	12/17/2013 6:51:52 AM

Total: 1 comment(s)