

Document Number:  
2233668

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: BILLY HATAWAY  
 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 05-095-06166-00 6. County: PHILLIPS  
 7. Well Name: Walters Well Number: 943-32-43  
 8. Location: QtrQtr: NESE Section: 32 Township: 9N Range: 43W Meridian: 6  
 Footage at surface: Distance: 2357 feet Direction: FSL Distance: 210 feet Direction: FEL  
 As Drilled Latitude: 40.711690 As Drilled Longitude: -102.152250

GPS Data:  
 Date of Measurement: 01/16/2012 PDOP Reading: 1.6 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) 09/21/2011 13. Date TD: 06/27/2011 14. Date Casing Set or D&A: 09/27/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 2710 TVD\*\* \_\_\_\_\_ 17 Plug Back Total Depth MD 2641 TVD\*\* \_\_\_\_\_

18. Elevations GR 3668 KB 3680 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	473	117	0	473	VISU
1ST	6+1/4	4+1/2	0	0	2,669	80	1,842	2,669	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	2,359	2,389	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,404	2,441	<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: 7/2/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

### Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
2233669	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>			
2233668	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
2518911	DENS/NEU-IND-LAS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

### General Comments

User Group	Comment	Comment Date
Permit	Attached LAS log	1/29/2014 9:02:49 AM
Permit	Requested LAS log.	1/29/2014 8:20:20 AM
Permit	Has both form 5 & 5A's for both Atlas and Black Raven.	3/7/2013 6:40:54 AM

Total: 3 comment(s)