

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:

2233359

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 05-095-06445-00  
6. County: PHILLIPS  
7. Well Name: KAUP  
Well Number: 844-3-43  
8. Location: QtrQtr: NESE Section: 3 Township: 8N Range: 44W Meridian: 6  
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:  
Treatment Date: 03/29/2012 End Date: 07/05/2012 Date of First Production this formation: 07/05/2012  
Perforations Top: 2478 Bottom: 2498 No. Holes: 120 Hole size: 42/100  
Provide a brief summary of the formation treatment: Open Hole: ☐  
This formation is commingled with another formation: ☐ Yes ☒ No  
Total fluid used in treatment (bbl): Max pressure during treatment (psi):  
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
Type of gas used in treatment: Min frac gradient (psi/ft):  
Total acid used in treatment (bbl): Number of staged intervals:  
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
Fresh water used in treatment (bbl): Disposition method for flowback:  
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐  
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/26/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 37 Bbl H2O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 37 Bbl H2O: 0 GOR: 0  
Test Method: FLOW Casing PSI: 90 Tubing PSI: 0 Choke Size: 0  
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 0 Tbg setting date: Packer Depth:  
Reason for Non-Production:  
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:

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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  
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**Attachment Check List**

Att Doc Num	Name
2233359	FORM 5A SUBMITTED
2233360	OTHER

Total Attach: 2 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)