

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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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 05-095-06321-00
6. County: PHILLIPS
7. Well Name: Rosenbach
Well Number: 943-27-34
8. Location: QtrQtr: SWSE Section: 27 Township: 9N Range: 43W Meridian: 6
9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type:
Treatment Date: 10/13/2011 End Date: Date of First Production this formation: 12/18/2011
Perforations Top: 2395 Bottom: 2410 No. Holes: 90 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: 12/28/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 6 Bbl H2O: 0 GOR:
Test Method: FLOW Casing PSI: 80 Tubing PSI: Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 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: 7/2/2012 Email BHAYWORTH@BLACKRAVENENERGY.COM
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Attachment Check List

Att Doc Num	Name
2233742	FORM 5A SUBMITTED
2233743	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)