

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-095-06444-00 6. County: PHILLIPS 7. Well Name: ON THE BRINK Well Number: 843-3-34 8. Location: QtrQtr: SWSE Section: 3 Township: 8N Range: 43W Meridian: 6 9. Field Name: Field Code:

Completed Interval

FORMATION: NIOBRARA Status: SHUT IN Treatment Type: Treatment Date: 04/11/2012 End Date: 04/11/2012 Date of First Production this formation: Perforations Top: 2397 Bottom: 2414 No. Holes: 102 Hole size: 43/100 Provide a brief summary of the formation treatment: Open Hole: This formation is commingled with another formation: 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: 04/12/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 0 GOR: 0 Test Method: FLOW Casing PSI: 0 Tubing PSI: 0 Choke Size: 0 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 0 API Gravity Oil: 0 Tubing Size: 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:

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: 8/9/2012 Email BHAYWORTH@BLACKRAVENENERGY.COM
:

Attachment Check List

Att Doc Num	Name
2233363	FORM 5A SUBMITTED
2233364	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)