

FORM
5ARev
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:

2233419

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 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 05-095-06312-00 6. County: PHILLIPS
 7. Well Name: Claymon Well Number: 843-6-31-L7
 8. Location: QtrQtr: Lot 7 Section: 6 Township: 8N Range: 43W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: _____
 Treatment Date: 09/07/2011 End Date: _____ Date of First Production this formation: 06/16/2011
 Perforations Top: 2438 Bottom: 2464 No. Holes: 156 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: 12/08/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 83 Bbl H2O: 0
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 83 Bbl H2O: 0 GOR: _____
 Test Method: FLOW Casing PSI: 260 Tubing PSI: 100 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: 2420 Tbg setting date: 10/07/2011 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
2233419	FORM 5A SUBMITTED
2233420	OTHER

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)