

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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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 05-095-06363-00 6. County: PHILLIPS  
 7. Well Name: SAGEHORN Well Number: 843-31-11  
 8. Location: QtrQtr: LOT 1 Section: 31 Township: 8N Range: 43W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: \_\_\_\_\_  
 Treatment Date: 11/01/2011 End Date: \_\_\_\_\_ Date of First Production this formation: 12/28/2011  
 Perforations Top: 2390 Bottom: 2412 No. Holes: 132 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: 03/27/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 11 Bbl H2O: 0  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 11 Bbl H2O: 0 GOR: 0  
 Test Method: FLOW Casing PSI: 70 Tubing PSI: 0 Choke Size: 46/64  
 Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 2462 Tbg setting date: 02/13/2012 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: 8/10/2012 Email BHAYWORTH@BLACKRAVENENERGY.COM  
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**Attachment Check List**

Att Doc Num	Name
2233626	FORM 5A SUBMITTED
2233627	OTHER

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)