

**FORM**  
**5**Rev  
02/08**State of Colorado****Oil and Gas Conservation Commission**

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

2233768

Date Received:

02/08/2013

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-095-06393-00

6. County: PHILLIPS

7. Well Name: Sagehorn

Well Number: 844-3-21-L3

8. Location: QtrQtr: LOT 3 Section: 3 Township: 8N Range: 44W Meridian: 6

Footage at surface: Distance: 990 feet Direction: FNL Distance: 1789 feet Direction: FWL

As Drilled Latitude: 40.702190 As Drilled Longitude: -102.253056

## GPS Data:

Date of Measurement: 03/17/2012 PDOP Reading: 2.3 GPS Instrument Operator's Name: BOB MCCORMICK

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: AMHERST

10. Field Number: 2480

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 12/23/2011 13. Date TD: 12/27/2011 14. Date Casing Set or D&amp;A: 12/27/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 2680 TVD\*\* 17 Plug Back Total Depth MD 2625 TVD\*\*

18. Elevations GR 3572 KB 3764

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

GAMMA RAY, COMPENSATED DENSITY AND NEUTRON GAMMA RAY, DUAL INDUCTION GUARD LOG, COMPENSATED DENSITY AND NEUTRON DI

## 20. Casing, Liner and Cement:

**CASING**

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| SURF        | 9+7/8        | 7              |       | 0             | 463           | 112       | 0       | 469     | CALC   |
| 1ST         | 6+1/4        | 4+1/2          |       | 0             | 2,667         | 75        | 1,955   | 1,966   | CBL    |

**STAGE/TOP OUT/REMEDIAL CEMENT**

|                         |        |                                   |               |            |               |
|-------------------------|--------|-----------------------------------|---------------|------------|---------------|
| Cement work date: _____ |        |                                   |               |            |               |
| Method used             | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|                         |        |                                   |               |            |               |
| Details of work:        |        |                                   |               |            |               |

21. Formation log intervals and test zones:

| FORMATION LOG INTERVALS AND TEST ZONES |                |        |                          |                          |                                                                 |
|----------------------------------------|----------------|--------|--------------------------|--------------------------|-----------------------------------------------------------------|
| FORMATION NAME                         | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|                                        | Top            | Bottom | DST                      | Cored                    |                                                                 |
| SHARON SPRINGS                         | 2,433          | 2,466  | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |
| NIOBRARA                               | 2,480          | 2,522  | <input type="checkbox"/> | <input type="checkbox"/> |                                                                 |

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 AHYWORTH

Title: PRESIDENT Date: 7/2/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 2233769                     | CMT Summary *         | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |
|                             | Core Analysis         | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Directional Survey ** | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | DST Analysis          | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Logs                  | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
|                             | Other                 | Yes        | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> |
| <u>Other Attachments</u>    |                       |            |                                     |    |                                     |
| 2233768                     | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

| User Group | Comment                                                               | Comment Date        |
|------------|-----------------------------------------------------------------------|---------------------|
| Permit     | Has forms 5 & 5A for both Atlas & Black Raven. Request clarification. | 3/6/2013 2:23:03 PM |

Total: 1 comment(s)