

**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



DE	ET	OE	ES
----	----	----	----

Document Number:
400472460

Date Received:
08/27/2013

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: <u>200149</u>	4. Contact Name: <u>Madeleine Lariviere</u>
2. Name of Operator: <u>ATLAS RESOURCES LLC DBA ATLAS ROCKIES</u>	Phone: <u>(303) 308-1330</u>
3. Address: <u>3500 MASSILLON ROAD #100</u>	Fax: <u>(303) 308-1590</u>
City: <u>UNIONTOWN</u> State: <u>OH</u> Zip: <u>44685</u>	

5. API Number <u>05-095-06323-00</u>	6. County: <u>PHILLIPS</u>
7. Well Name: <u>Dirks</u>	Well Number: <u>943-22-32</u>
8. Location: QtrQtr: <u>SWNE</u> Section: <u>22</u> Township: <u>9N</u> Range: <u>43W</u> Meridian: <u>6</u>	
9. Field Name: <u>AMHERST</u> Field Code: <u>2480</u>	

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 12/30/2011 End Date: 12/30/2011 Date of First Production this formation: 01/12/2012
Perforations Top: 2396 Bottom: 2410 No. Holes: 84 Hole size: 6 + 1/4

Provide a brief summary of the formation treatment: Open Hole:

Safety Meeting.
Breakdown @ 1,123 psi.
Total 50,020# 16/30 Daniels sand.
Total 50,100# 12/20 Texas Gold sand.
60.11 Tons CO₂.
ST ISIP 708 PSI, 5 MIN 676 PSI, 10 MIN 661 PSI, 15 MIN 650 PSI.
Max Rate 13.9 bpm, Avg Rate 7.3 bpm.
Max Pressure 1,123 psi, Avg Pressure 697 psi.
547 bbl water to recover.

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): 547 Max pressure during treatment (psi): 1123
Total gas used in treatment (mcf): 1033 Fluid density at initial fracture (lbs/gal): _____
Type of gas used in treatment: CARBON DIOXIDE Min frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: 1
Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
Total proppant used (lbs): 100120 Rule 805 green completion techniques were utilized:
Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 02/01/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 17 Bbl H₂O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 17 Bbl H₂O: 0 GOR: 0
Test Method: Flow Test Casing PSI: 50 Tubing PSI: 0 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: 2456 Tbg setting date: 02/07/2012 Packer Depth: 0

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: Billy Hataway
Title: Dir. Field Operations Date: 8/27/2013 Email: bhataway@blackravenenergy.com

Attachment Check List

Att Doc Num	Name
400472460	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Submitter changed to agent for Atlas. Operator on form changed to Atlas to match change of operator form 10.	9/30/2013 8:31:40 AM

Total: 1 comment(s)