

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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Document Number:
400472263

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: 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 05-095-06280-00
6. County: PHILLIPS
7. Well Name: CLAYMON
Well Number: 843-6-44
8. Location: QtrQtr: SESE Section: 6 Township: 8N Range: 43W Meridian: 6
9. Field Name: AMHERST Field Code: 2480

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
Treatment Date: 01/18/2012 End Date: 01/18/2012 Date of First Production this formation: 02/07/2012
Perforations Top: 2430 Bottom: 2450 No. Holes: 120 Hole size: 6 + 1/4
Provide a brief summary of the formation treatment: _____ Open Hole:

SAFETY MEETING
50,020# 16/30 DANIELS
50,000# 12/20 TEXAS GOLD
60.07 CO2
BREAKDOWN =1020 PSI
ISIP =662 PSI / 5 MIN =648 PSI
10 MIN =640 PSI / 15 MIN =635 PSI

This formation is commingled with another formation: Yes No
Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): 1020
Total gas used in treatment (mcf): 1032 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): 100020 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: 02/14/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 47 Bbl H2O: 0
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 47 Bbl H2O: 0 GOR: 0
Test Method: Flow Test Casing PSI: 80 Tubing PSI: 0 Choke Size: 48/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 966 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: Madeleine Lariviere
Title: Office Manager Date: 8/27/2013 Email: mlariviere@blackravenenergy.com

Attachment Check List

Att Doc Num	Name
400472263	FORM 5A SUBMITTED
400472272	WELLBORE DIAGRAM
400472273	CEMENT JOB SUMMARY

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)