

FORM  
5Rev  
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:

2233265

Date Received:

08/24/2012

## 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) 308-1330X106

3. Address: 3500 MASSILLON ROAD #100

Fax: (303) 308-1590

City: UNIONTOWN State: OH Zip: 44685

5. API Number 05-095-06371-00

6. County: PHILLIPS

7. Well Name: RAFERT

Well Number: 843-32-23

8. Location: QtrQtr: NESW Section: 32 Township: 8N Range: 43W Meridian: 6

Footage at surface: Distance: 1972 feet Direction: FSL Distance: 1816 feet Direction: FWL

As Drilled Latitude: 40.620120 As Drilled Longitude: -102.178920

## GPS Data:

Date of Measurement: 12/30/2011 PDOP Reading: 2.2 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) 11/17/2011 13. Date TD: 11/30/2011 14. Date Casing Set or D&amp;A: 11/30/2011

## 15. Well Classification:

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

16. Total Depth MD 2665 TVD\*\* 17 Plug Back Total Depth MD 2614 TVD\*\*

18. Elevations GR 3670 KB 3682

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+0/0	0	0	467	98	0	473	CALC
1ST	6+1/4	4+1/2	0	0	2,655	80	1,820	2,655	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:

<b>FORMATION LOG INTERVALS AND TEST ZONES</b>					
FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
SHARON SPRINGS	2,327	2,360	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,378	2,420	<input type="checkbox"/>	<input type="checkbox"/>	

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: 8/23/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

### **Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2233266	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
2233265	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
2518639	DENS/NEU - IND - LAS	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

### **General Comments**

<b><u>User Group</u></b>	<b><u>Comment</u></b>	<b><u>Comment Date</u></b>
Permit	Requested composite LAS log. Received.	10/9/2013 6:22:17 AM

Total: 1 comment(s)