

**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:

2233545

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 05-095-06164-00

6. County: PHILLIPS

7. Well Name: WOODMANCY STATE

Well Number: 944-36-22

8. Location: QtrQtr: SENW Section: 36 Township: 9N Range: 44W Meridian: 6

Footage at surface: Distance: 1800 feet Direction: FNL Distance: 1590 feet Direction: FWL

As Drilled Latitude: 40.714550 As Drilled Longitude: -102.203020

## GPS Data:

Date of Measurement: 01/03/2012 PDOP Reading: 2.6 GPS Instrument Operator's Name: KATHY 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: 7502/1

12. Spud Date: (when the 1st bit hit the dirt) 08/22/2011 13. Date TD: 08/27/2011 14. Date Casing Set or D&amp;A: 08/27/2011

## 15. Well Classification:

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

16. Total Depth MD 2699 TVD\*\* 17 Plug Back Total Depth MD 2643 TVD\*\*

18. Elevations GR 3700 KB 3712

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             | 472           | 102       | 0       | 477     | CALC   |
| 1ST         | 6+1/4        | 4+1/2          | 0     | 0             | 2,684         | 85        | 1,810   | 2,684   | 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                                | 2,383          | 2,414  | <input type="checkbox"/> | <input type="checkbox"/> |   |
| NIOBRARA                                      | 2,430          | 2,466  | <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: 8/10/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ?  |
|-----------------------------|-----------------------|---|
| <u>Attachment Checklist</u> |                       |   |
| 2233546                     | 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>    |                       |   |
| 2233545                     | FORM 5 SUBMITTED      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 2518826                     | DENS/NEU-IND-LAS      | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

### General Comments

| <u>User Group</u> | <u>Comment</u>                  | <u>Comment Date</u>      |
|-------------------|---------------------------------|--------------------------|
| Permit            | Requested LAS log and attached. | 12/18/2013<br>6:09:32 AM |

Total: 1 comment(s)