

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:

2233557

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) 308-1330

3. Address: 3500 MASSILLON ROAD #100

Fax: (303) 308-1590

City: UNIONTOWN State: OH Zip: 44685

5. API Number 05-095-06298-00

6. County: PHILLIPS

7. Well Name: Lindstrom

Well Number: 944-35-12

8. Location: QtrQtr: SWNW Section: 35 Township: 9N Range: 44W Meridian: 6

Footage at surface: Distance: 2110 feet Direction: FNL Distance: 1225 feet Direction: FWL

As Drilled Latitude: 40.713639 As Drilled Longitude: -102.223611

GPS Data:

Data of Measurement: 07/07/2012 PDOP Reading: 2.4 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: UNNAMED

10. Field Number: 85251

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 09/06/2011 13. Date TD: 09/11/2011 14. Date Casing Set or D&A: 09/11/2011

15. Well Classification:

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

16. Total Depth MD 2710 TVD** 17 Plug Back Total Depth MD 2655 TVD**

18. Elevations GR 3719 KB 3731

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 | 472 | 107 | 0 | 477 | CALC |
| 1ST | 6+1/4 | 4+1/2 | | 0 | 2,696 | 80 | 1,822 | 2,695 | 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 | 2,403 | 2,435 | <input type="checkbox"/> | <input type="checkbox"/> | |
| NIOBRARA | 2,454 | 2,488 | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

| |
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| |
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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 HAYWORTH

Title: PRESIDENT Date: 8/10/2012 Email: BHAYWORTH@BLACKRAVENENERGY.COM

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 2233558 | 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> | | | | | |
| 2233557 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 2518821 | DENS/NEU-IND-LAS | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|-------------------------------------|---------------------------|
| Permit | Requested LAS log and attached. | 12/17/2013 10:19:25 AM |
| Permit | Duplicate of Form 5 doc. # 2233720. | 3/6/2013 8:40:05 AM |

Total: 2 comment(s)