

**FORM
5**Rev
02/08**State of Colorado****Oil and Gas Conservation Commission**

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DE	ET	OE	ES
Document Number: 2233632			
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: Billy Hataway
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 05-095-06266-00	6. County: PHILLIPS
7. Well Name: FLATLAND	Well Number: 944-35-31
8. Location: QtrQtr: NWNE Section: 35 Township: 9N Range: 44W Meridian: 6	
Footage at surface: Distance: 1080 feet Direction: FNL	Distance: 1625 feet Direction: FEL
As Drilled Latitude: 40.716444	As Drilled Longitude: -102.214611

GPS Data:

Data of Measurement: 06/30/2012 PDOP Reading: 2.7 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) 10/25/2011	13. Date TD: 10/30/2011	14. Date Casing Set or D&A: 10/30/2011
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15. Well Classification:	<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation
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16. Total Depth MD 2710 TVD**	17 Plug Back Total Depth MD 2657 TVD**
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18. Elevations GR 3725 KB 3737	One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.
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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	17	0	452	100	0	464	VISU
1ST	6+1/4	4+1/2	10.5	0	2,685	80	1,884	2,697	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	2,401	2,432	<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	2,448	2,486	<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>		
2233633	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>		
2233632	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2518894	DENS/NEU-IND-LAS	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	Attaced LAS.	1/27/2014 1:09:34 PM
Permit	Requested LAS log?	1/27/2014 10:22:30 AM

Total: 2 comment(s)