

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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| DE | ET | OE | ES |
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Document Number:  
2233630

Date Received:  
08/24/2012

**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 05-095-06264-00  
6. County: PHILLIPS  
7. Well Name: BRINKEMA  
Well Number: 843-4-42-L9  
8. Location: QtrQtr: SENE Section: 4 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: 11/17/2011 End Date: \_\_\_\_\_ Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 2420 Bottom: 2434 No. Holes: 84 Hole size: 42/100

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

"Hold safety & pre job meetings.  
Breakdown @ 1202 psi.  
Total 50,040# 16/30 Daniels sand.  
Total 50,020# 12/20 Daniels sand.  
59.34 tons CO<sub>2</sub>,  
ISIP 634 5 min. 629 psi, 10 min. 625 psi, 15 min. 630 psi.  
Max rate 13.6 bpm, Avg rate 10.3 bpm  
Max psi 1,552, Avg psi 684  
548 bbls wtr to recover.  
"

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 548 Max pressure during treatment (psi): 1202  
Total gas used in treatment (mcf): 1020 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): 100080 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: 01/15/2013 Hours: 24 Bbl oil: 0 Mcf Gas: 13 Bbl H<sub>2</sub>O: 0  
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 13 Bbl H<sub>2</sub>O: 0 GOR: 0  
Test Method: flow test Casing PSI: 60 Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_  
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: TEMPORARILY SHUT IN

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

## Attachment Check List

| <u>Att Doc Num</u> | <u>Name</u>       |
|--------------------|-------------------|
| 2233630            | FORM 5A SUBMITTED |
| 2233631            | OTHER             |

Total Attach: 2 Files

## General Comments

| <u>User Group</u> | <u>Comment</u>   | <u>Comment Date</u>     |
|-------------------|--|-------------------------|
| Permit            | Added requested test information   | 10/3/2013<br>6:27:05 AM |
| Permit            | Requested test information.  | 10/2/2013<br>7:43:15 AM |
| Permit            | Fracture stimulation must be reported to Frac Focus within 60 days of treatment. | 10/2/2013<br>7:41:44 AM |

Total: 3 comment(s)