

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400081092

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: 10079
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION
3. Address: 1625 17TH ST STE 300
City: DENVER State: CO Zip: 80202
4. Contact Name: Hannah Knopping
Phone: (303) 357-6412
Fax: (303) 357-7315

5. API Number 05-045-19066-00
6. County: GARFIELD
7. Well Name: BAT
Well Number: 34D-17-07-95
8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/07/2010 Date of First Production this formation: 06/15/2010

Perforations Top: 5099 Bottom: 6849 No. Holes: 176 Hole size: 0.42

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

Frac with 41,666 bbls 2% KCL slickwater and 1,352,800 lbs 20/40 sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 07/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2992 Bbls H2O: 461

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2992 Bbls H2O: 461 GOR: 0

Test Method: Flowing Casing PSI: 1100 Tubing PSI: 0 Choke Size: 028/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1055 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5899 Tbg setting date: 08/28/2010 Packer Depth: _____

Reason for Non-Production:

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Hannah Knopping

Title: Permit Representative Date: _____ Email hknopping@anteroresources.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____