

FORM
5

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:

400091385

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

5. API Number 05-045-19641-00 6. County: GARFIELD
7. Well Name: Frei Well Number: A9
8. Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6
Footage at surface: Direction: FSL Distance: 553 Direction: FWL Distance: 927
As Drilled Latitude: 39.536014 As Drilled Longitude: 107.603234

GPS Data:

Data of Measurement: 08/24/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott Aibner

** If directional footage

at Top of Prod. Zone Distance: 1559 Direction: FSL Distance: 1892 Direction: FWL
at Bottom Hole Distance: 1563 Direction: FSL Distance: 1886 Direction: FWL

9. Field Name: KOKOPELLI 10. Field Number: 47525

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/09/2010 13. Date TD: 07/14/2010 14. Date Casing Set or D&A: 07/16/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6870 TVD 6554 17 Plug Back Total Depth MD 6837 TVD 6521

18. Elevations GR 5545 KB 5569

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:

Mud, CBL, Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24	16	65#	84	100	89	0
SURF	12+1/4	8+5/8	32#	1,001	267	1,011	0
1ST	7+7/8	4+1/2	11.6#	6,859	515	6,870	2,640

ADDITIONAL CEMENT

Cement work date: _____

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	
MESAVERDE	2,981		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,521		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,665		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Casing setting depths are from KB.

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 Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400091953	LAS-MUD	Frei A9 Mud Log.las
400091954	LAS-CEMENT BOND	FREI_A9_MAIN_BOND.las
400091955	LAS-TRIPLE COMBINATION	FREI_A9_MAIN_RPM.las
400091956	PLAT	Frei A9 As Drilled.pdf
400091957	DIRECTIONAL SURVEY	Antero Frei A9 EOWR.pdf
400091958	CMT SUMMARY	Frei A9_Surface Cement Report.pdf

Total Attach: 6 Files