

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



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COMPLETED INTERVAL REPORT

Document Number:

400081049

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 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 05-045-19082-00 6. County: GARFIELD  
 7. Well Name: BAT Well Number: 24D-17-07-95  
 8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 06/29/2010 Date of First Production this formation: 07/09/2010

Perforations Top: 4666 Bottom: 6470 No. Holes: 176 Hole size: 0.42

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

Frac with 50,428 bbls 2% KCL slickwater and 1,652,300 lbs 20/40 sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 07/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2959 Bbls H2O: 496

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 2959 Bbls H2O: 496 GOR: 0

Test Method: Flowing Casing PSI: 1400 Tubing PSI: 0 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1019 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6013 Tbg setting date: 07/20/2010 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: 8/31/2010 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: \_\_\_\_\_

*David S. Neslin*

Director of COGCC

Date: 11/2/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
400081049	FORM 5A SUBMITTED	LF@2533800 400081049

Total Attach: 1 Files