

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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Document Number:

400081049

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 05-045-19082-00
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 G. 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