

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

COMPLETED INTERVAL REPORT

Document Number:

2556905

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) 3576412
 3. Address: 1625 17TH ST STE 300 Fax: (303) 3577315
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-15180-00 6. County: GARFIELD
 7. Well Name: NORCROSS Well Number: A2
 8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 93W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY ABANDONED

Treatment Date: 04/23/2010 Date of First Production this formation: _____

Perforations Top: 8588 Bottom: 8782 No. Holes: 33 Hole size: 42/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

COZZETTE IS T&A'D

Date formation Abandoned: 04/23/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8538 Sacks cement on top: 2

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 04/23/2010 Date of First Production this formation: _____

Perforations Top: 8854 Bottom: 9012 No. Holes: 36 Hole size: 42/100

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

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

CORCORAN IS T&A'D

Date formation Abandoned: 04/23/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8538 Sacks cement on top: 2

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: 7/8/2010 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: 11/16/2010

Attachment Check List

Att Doc Num	Name	Doc Description
2556905	FORM 5A SUBMITTED	LF@2517885 2556905

Total Attach: 1 Files