

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

DRILLING COMPLETION REPORT

Document Number:

400102095

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 05-045-19723-00 6. County: GARFIELD  
7. Well Name: CSF Well Number: 34D-10-07-91  
8. Location: QtrQtr: SWSE Section: 10 Township: 7S Range: 91W Meridian: 6  
Footage at surface: Distance: 670 feet Direction: FSL Distance: 1619 feet Direction: FEL  
As Drilled Latitude: 39.456288 As Drilled Longitude: -107.536026

GPS Data:

Data of Measurement: 11/03/2010 PDOP Reading: 2.5 GPS Instrument Operator's Name: Scott E. Aibner

\*\* If directional footage

at Top of Prod. Zone Distance: 527 feet Direction: FSL Distance: 2080 feet Direction: FEL  
Sec: 10 Twp: 7S Rng: 91W  
at Bottom Hole Distance: 529 feet Direction: FSL Distance: 2078 feet Direction: FEL  
Sec: 10 Twp: 7S Rng: 91W

9. Field Name: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: COC-066580

12. Spud Date: (when the 1st bit hit the dirt) 09/13/2010 13. Date TD: 09/30/2010 14. Date Casing Set or D&A: 10/02/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8050 TVD 7985 17 Plug Back Total Depth MD 7996 TVD 7931

18. Elevations GR 7283 KB 7307

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 and Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	16	84	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32	1,106	315	0	1,120	CALC
1ST	7+7/8	4+1/2	11.6	8,037	686	2,525	8,050	CBL

ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	3,943		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,395		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,815		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All Depths reported 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
400112428	PLAT
400112429	DIRECTIONAL SURVEY
400112430	CEMENT JOB SUMMARY
400112442	LAS-TRIPLE COMBINATION
400112445	LAS-MUD
400112446	LAS-CEMENT BOND

Total Attach: 6 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)