

**FORM**  
**5**Rev  
02/08State 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:

400102141

**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 05-045-19724-00 6. County: GARFIELD  
7. Well Name: CSF Well Number: 43D-10-07-91  
8. Location: QtrQtr: SWSE Section: 10 Township: 7S Range: 91W Meridian: 6  
Footage at surface: Distance: 658 feet Direction: FSL Distance: 1592 feet Direction: FEL  
As Drilled Latitude: 39.456256 As Drilled Longitude: -107.535929

## 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: 1787 feet Direction: FSL Distance: 799 feet Direction: FEL  
Sec: 10 Twp: 7S Rng: 91W  
at Bottom Hole Distance: 1761 feet Direction: FSL Distance: 816 feet Direction: FEL  
Sec: 10 Twp: 7S Rng: 91W

9. Field Name: WILDCAT 10. Field Number: 9999911. Federal, Indian or State Lease Number: COC-06658012. Spud Date: (when the 1st bit hit the dirt) 09/12/2010 13. Date TD: 10/08/2010 14. Date Casing Set or D&A: 10/10/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8465 TVD 8178 17 Plug Back Total Depth MD 8412 TVD 812618. 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 log, 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	1,110	CALC
1ST	7+7/8	4+1/2	11.6	8,453	852	3,530	8,465	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	4,286		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,776		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,202		<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
400112449	PLAT
400112450	DIRECTIONAL SURVEY
400112451	CEMENT JOB SUMMARY
400112463	LAS-CEMENT BOND
400112467	LAS-MUD
400112468	LAS-TRIPLE COMBINATION

Total Attach: 6 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)