

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:

400080940

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 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 05-045-19108-00 6. County: GARFIELD
7. Well Name: BAT Well Number: 13B-17-07-95
8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6
9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 07/06/2010 Date of First Production this formation: 07/17/2010
Perforations Top: 4868 Bottom: 6587 No. Holes: 174 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐
Williams Fork-Cameo: Frac with 48,130 bbls 2% KCL slickwater and 1,514,700 lbs 20/40 sand
This formation is commingled with another formation: ☐ Yes ☒ No
Test Information:
Date: 07/23/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2925 Bbls H2O: 1951
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2925 Bbls H2O: 1951 GOR: 0
Test Method: Flowing Casing PSI: 950 Tubing PSI: 1025 Choke Size: 024/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1040 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5669 Tbg setting date: 07/15/2010 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: 9/3/2010 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: 12/8/2010

Attachment Check List

Att Doc Num	Name
400080940	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)