

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:

400102754

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 05-045-19905-00 6. County: GARFIELD
7. Well Name: Three Siblings Well Number: A1
8. Location: QtrQtr: SENW Section: 2 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 2509 feet Direction: FNL Distance: 2325 feet Direction: FWL
As Drilled Latitude: 39.557214 As Drilled Longitude: -107.635965

GPS Data:

Data of Measurement: 11/19/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage

at Top of Prod. Zone Distance: 1231 feet Direction: FNL Distance: 2003 feet Direction: FWL
Sec: 2 Twp: 6S Rng: 92W
at Bottom Hole Distance: 1211 feet Direction: FNL Distance: 1992 feet Direction: FWL
Sec: 2 Twp: 6S Rng: 92W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 10/14/2010 13. Date TD: 10/19/2010 14. Date Casing Set or D&A: 10/21/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7229 TVD 6984 17 Plug Back Total Depth MD 7178 TVD 6933

18. Elevations GR 5754 KB 5778

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, Triple Combo and CBL

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#	978	267	0	1,030	CALC
1ST	7+7/8	4+1/2	11.6#	7,219	638	2,550	7,229	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	3,258		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,786		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,960		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All depths given 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
400115395	PLAT
400115397	CEMENT JOB SUMMARY
400115400	DIRECTIONAL SURVEY
400115417	LAS-CEMENT BOND
400115419	LAS-MUD
400115424	LAS-TRIPLE COMBINATION

Total Attach: 6 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)