

**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



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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.

Document Number:

400114974

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 05-045-15179-00 6. County: GARFIELD
7. Well Name: NORCROSS Well Number: A3
8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 93W Meridian: 6
Footage at surface: Distance: 1390 feet Direction: FSL Distance: 1395 feet Direction: FWL
As Drilled Latitude: 39.523009 As Drilled Longitude: -107.728907

GPS Data:

Data of Measurement: 09/25/2008 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage

at Top of Prod. Zone Distance: 2561 feet Direction: FSL Distance: 731 feet Direction: FWL
Sec: 13 Twp: 6S Rng: 93W
at Bottom Hole Distance: 2506 feet Direction: FSL Distance: 759 feet Direction: FWL
Sec: 13 Twp: 6S Rng: 93W

9. Field Name: MAMM CREEK 10. Field Number: 52500

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/15/2008 13. Date TD: 08/26/2008 14. Date Casing Set or D&A: 08/27/2008

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 9038 TVD 8819 17 Plug Back Total Depth MD 8986 TVD 876718. Elevations GR 5493 KB 5510

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:

Triple Combo and CBL (previously sent with original Form 5)
CBL after casing repair attached dated 10/13/2010.

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	65#	50	100	0	50	CALC
SURF	12+1/4	8+5/8	24#	1,494	688	0	1,494	CALC
3RD	7+7/8	5+1/2	17#	9,027	553	4,190	9,038	CBL

ADDITIONAL CEMENT

Cement work date: 10/12/2010

Details of work:

Casing Repair (5-1/2" casing): Casing patch did not hold so BJ Services squeezed 50 sx of Class G Cement at 2365'.

See Subsequent Form 4 Sundry Notice filed on 12/10/10 for more details.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	3RD	2,365	50	1,950	2,365

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	4,121		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,954		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,979		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	8,512		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,771		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Updated Form 5 Completion Report (after casing repair).

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
400115017	CEMENT JOB SUMMARY
400115716	LAS-CEMENT BOND

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)