

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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COMPLETED INTERVAL REPORT

Document Number:

400118308

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 05-045-19816-00 6. County: GARFIELD
 7. Well Name: CSF Well Number: 32C-09-07-91
 8. Location: QtrQtr: NESW Section: 9 Township: 7S Range: 91W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
 Treatment Date: 10/18/2010 Date of First Production this formation: 10/31/2010
 Perforations Top: 7757 Bottom: 7780 No. Holes: 20 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
WFILS: 90,186 bbls of 2% KCL slickwater, 192,200 lbs 30/50 sand and 1,688,100 lbs 20/40 sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2348 Bbls H2O: 1879
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2348 Bbls H2O: 1879 GOR: 0
 Test Method: Flowing Casing PSI: 620 Tubing PSI: 1650 Choke Size: 48/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 10/30/2010 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: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/18/2010 Date of First Production this formation: 10/31/2010

Perforations Top: 5461 Bottom: 7661 No. Holes: 226 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

WFILS: 90,186 bbls of 2% KCL slickwater, 192,200 lbs 30/50 sand and 1,688,100 lbs 20/40 sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2348 Bbls H2O: 1879

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2348 Bbls H2O: 1879 GOR: 0

Test Method: Flowing Casing PSI: 620 Tubing PSI: 1650 Choke Size: 48/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7178 Tbg setting date: 10/30/2010 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: _____ 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: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)