

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:

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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 05-045-19816-00 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: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>10/18/2010</u>	Date of First Production this formation: <u>10/31/2010</u>
Perforations Top: <u>7757</u> Bottom: <u>7780</u>	No. Holes: <u>20</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>WFILS: 90,186 bbls of 2% KCL slickwater, 192,200 lbs 30/50 sand and 1,688,100 lbs 20/40 sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:	
Date: <u>11/06/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>2348</u> Bbls H2O: <u>1879</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>2348</u> Bbls H2O: <u>1879</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>620</u> Tubing PSI: <u>1650</u> Choke Size: <u>48/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1150</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7178</u> Tbg setting date: <u>10/30/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: WILLIAMS FORK - CAMEOStatus: PRODUCINGTreatment Date: 10/18/2010Date of First Production this formation: 10/31/2010Perforations 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 sandThis formation is commingled with another formation: ☒ Yes ☐ No**Test Information:**Date: 11/06/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 2348 Bbls H2O: 1879Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2348 Bbls H2O: 1879 GOR: 0Test Method: Flowing Casing PSI: 620 Tubing PSI: 1650 Choke Size: 48/64Gas 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 KnoppingTitle: 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

User Group	Comment	Comment Date

Total: 0 comment(s)