

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:

400118330

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
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION
3. Address: 1625 17TH ST STE 300
City: DENVER State: CO Zip: 80202
4. Contact Name: Hannah Knopping
Phone: (303) 357-6412
Fax: (303) 357-7315

5. API Number 05-045-19723-00
6. County: GARFIELD
7. Well Name: CSF
Well Number: 34D-10-07-91
8. Location: QtrQtr: SWSE Section: 10 Township: 7S Range: 91W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING
Treatment Date: 11/10/2010 Date of First Production this formation: 11/22/2010
Perforations Top: 6279 Bottom: 7784 No. Holes: 180 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: []
Frac'd with 78,027 bbls of 2% KCL slickwater, 123,000 lbs 30/50 sand and 1,563,000 lbs of 20/40 sand
This formation is commingled with another formation: [] Yes [X] No
Test Information:
Date: 12/03/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1797 Bbls H2O: 972
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1797 Bbls H2O: 972 GOR: 0
Test Method: Flowing Casing PSI: 680 Tubing PSI: 1300 Choke Size: 34/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil:
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7392 Tbg setting date: 11/28/2010 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)