

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

| | | |
|---|---|---|
| 1. OGCC Operator Number: <u>10079</u> | 4. Contact Name <u>Hannah Knopping</u> | Complete the Attachment Checklist OP OGCC |
| 2. Name of Operator: <u>Antero Resources Piceance Corporation</u> | Phone: <u>(303) 357-6412</u> | |
| 3. Address: <u>1625 17th Street</u> City: <u>Denver</u> State: <u>CO</u> Zip: <u>80202</u> | Fax: <u>(303) 357-7315</u> | |
| 5. API Number <u>05-045-15179-00</u> | OGCC Facility ID Number _____ | Survey Plat |
| 6. Well/Facility Name: <u>Norcross</u> | 7. Well/Facility Number <u>A3</u> | Directional Survey |
| 8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>NESW, Section 13, T6S, R93W, 6th P.M.</u> | | Surface Eqmpt Diagram |
| 9. County: <u>Garfield</u> | 10. Field Name: <u>Mamm Creek</u> | Technical Info Page <input checked="" type="checkbox"/> |
| 11. Federal, Indian or State Lease Number: _____ | | Other cement report <input checked="" type="checkbox"/> |

General Notice

CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

| | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Change of Surface Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Surface Footage to Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage from Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Change of Bottomhole Footage to Exterior Section Lines: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer _____
 Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
 Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No
 Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
 Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

CHANGE SPACING UNIT

| Formation | Formation Code | Spacing order number | Unit Acreage | Unit configuration |
|-----------|----------------|----------------------|--------------|--------------------|
| | | | | |

Remove from surface bond
Signed surface use agreement attached

CHANGE OF OPERATOR (prior to drilling):
 Effective Date: _____
 Plugging Bond: Blanket Individual

CHANGE WELL NAME NUMBER
 From: _____
 To: _____
 Effective Date: _____

ABANDONED LOCATION:
 Was location ever built? Yes No
 Is site ready for inspection? Yes No
 Date Ready for Inspection: _____

NOTICE OF CONTINUED SHUT IN STATUS
 Date well shut in or temporarily abandoned: _____
 Has Production Equipment been removed from site? Yes No
 MIT required if shut in longer than two years. Date of last MIT _____

SPUD DATE: _____

REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries

| Method used | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom | Date |
|-------------|-----------------------------------|---------------|------------|---------------|------|
| | | | | | |

RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
 Final reclamation will commence on approximately _____ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

Notice of Intent
Approximate Start Date: _____

Report of Work Done
Date Work Completed: 10/16/2010

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

| | | |
|---|--|--|
| <input type="checkbox"/> Intent to Recomplete (submit form 2) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Disposal |
| <input type="checkbox"/> Change Drilling Plans | <input checked="" type="checkbox"/> Repair Well | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| <input type="checkbox"/> Gross Interval Changed? | <input type="checkbox"/> Rule 502 variance requested | <input type="checkbox"/> Status Update/Change of Remediation Plans |
| <input type="checkbox"/> Casing/Cementing Program Change | <input type="checkbox"/> Other: _____ | for Spills and Releases |

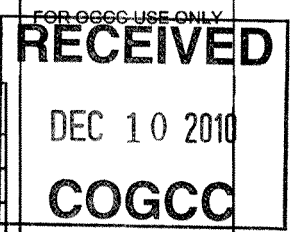
I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Hannah Knopping Date: 12/9/2010 Email: hknopping@anteroresources.com
Print Name: Hannah Knopping Title: Permit Representative

COGCC Approved: David And Title: PE II Date: 12/21/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 10079 API Number: 05-045-15179-00
2. Name of Operator: Antero Resources Piceance Corp OGCC Facility ID # _____
3. Well/Facility Name: Norcross Well/Facility Number: A3
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): NESW, Section 13, T6S, R93W, 6th P.M.

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

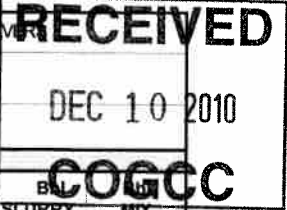
Antero Resources Piceance Corporation (Antero) performed a casing leak repair on the subject well. The well was pressure tested and failed, and Antero found hole(s) in the casing at approximately 2324 feet. Casing repair was performed as follows:

- 1) Set CBP @ 6700' w/ 2 sx cement on top. Pressure test to 2500psi. Test good.
- 2) Test casing from surface to 4010'. Test fails.
- 3) Continue testing uphole and confirm lowest hole in casing is above 2324'.
- 4) RIH with RCT cutter and cut casing at 2365'. Pull casing out of hole.
- 5) Make up Bowen 10K external casing patch; RIH on new 5-1/2" casing and set casing slips. Reinstall B-section. Casing patch held at 2500 psi on initial test but then failed
- 6) Set CBP at 2395'
- 7) Squeeze 50 sx of Class G cement at 2365'
- 8) Ran CBL; log indicates good cement to 1950'
- 9) Drill out CBP's set @ 2395' and 6700'; clean out hole to 8200'
- 10) Land 2-3/8" tubing at 7306'
- 11) Flow test well and turn well over to sales

Attachments:

- 1) Cement Summary
- 2) CBL dated 10/13/2010

CEMENT JOB REPORT



| | | | | | | | | | | | | | | | |
|--|----------|---|---------------------|--|---------------------|----------------------------------|--------------------|---|--------------------|----------|------------------|------------------|--|--|--|
| CUSTOMER Antero Resources Corporation | | DATE 12-OCT-10 | F.R. # 1001701661 | SERV. SUPV. JESS BEAVER | | | | | | | | | | | |
| LEASE & WELL NAME Norcross A3 - API 05045151790000 | | LOCATION 13-6S-93W | | COUNTY-PARISH-BLOCK Garfield Colorado | | | | | | | | | | | |
| DISTRICT Grand Junction | | DRILLING CONTRACTOR RIG # | | TYPE OF JOB Squeeze-Perforation | | | | | | | | | | | |
| SIZE & TYPE OF PLUGS | | LIST-CSG-HARDWARE | | PHYSICAL SLURRY PROPERTIES | | | | | | | | | | | |
| NA-Squeeze | | SACKS OF CEMENT | SLURRY WGT PPG | SLURRY YLD FT ³ | WATER GPS | PUMP TIME HR:MIN | BBL SLURRY | BBL MIX WATER | | | | | | | |
| NA-Squeeze | | | | | | | | | | | | | | | |
| MATERIALS FURNISHED BY BJ | | | | | | | | | | | | | | | |
| Class "G" Cement | | 50 | 13.8 | 1.57 | 8.09 | | 14 | 9.64 | | | | | | | |
| Fresh Water | | | 8.34 | | | | 9 | | | | | | | | |
| Available Mix Water 40 Bbl. | | Available Displ. Fluid 40 Bbl. | | TOTAL | | | 23 | 9.64 | | | | | | | |
| HOLE | | | TBG-CSG-D.P. | | | COLLAR DEPTHS | | | | | | | | | |
| SIZE | % EXCESS | DEPTH | SIZE | WGT. | TYPE | DEPTH | GRADE | SHOE FLOAT STAGE | | | | | | | |
| | | | 2.375 | 4.7 | TBG | 2365 | N-80 | | | | | | | | |
| LAST CASING | | PKR-CMT RET-BR PL-LINER | | | PERF. DEPTH | | TOP CONN | | WELL FLUID | | | | | | |
| SIZE | WGT | TYPE | DEPTH | BRAND & TYPE | | DEPTH | TOP | BTM | SIZE | THREAD | TYPE | WGT. | | | |
| 5.5 | 17 | CSG | 2365 | | | | 2365 | 2365 | 2.375 | EUE | WATER BASED MU | 8.4 | | | |
| DISPL. VOLUME | | DISPL. FLUID | | CAL. PSI | CAL. MAX PSI | OP. MAX | MAX TBG PSI | | MAX CSG PSI | | MIX WATER | | | | |
| VOLUME | UOM | TYPE | WGT. | BUMP PLUG | TO REV. | SQ. PSI | RATED | Operator | RATED | Operator | | | | | |
| 9 | BBLs | Fresh Water | 8.34 | 0 | 500 | 1500 | 6480 | 6160 | 3832 | 3205 | WATER TRK | | | | |
| Circulation Prior to Job | | | | | | | | | | | | | | | |
| Circulated Well: Rig <input checked="" type="checkbox"/> BJ <input type="checkbox"/> | | | | Circulation Time: | | | | Circulation Rate: BPM | | | | | | | |
| Mud Density In: LBS/GAL | | | | Mud Density Out: LBS/GAL | | | | PV & YP Mud In: | | | | PV & YP Mud Out: | | | |
| Gas Present: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> | | | | Units: | | | | Solids Present at End of Circulation: NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> | | | | | | | |
| Displacement And Mud Removal | | | | | | | | | | | | | | | |
| Displaced By: Rig <input type="checkbox"/> BJ <input type="checkbox"/> | | | | Amount Bled Back After Job: BBLs | | | | | | | | | | | |
| Returns During Job: <input type="checkbox"/> NONE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL | | | | Method Used to Verify Returns: | | | | | | | | | | | |
| Cement Returns at Surface: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | Were Returns Planned at Surface: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | | |
| Pipe Movement: <input type="checkbox"/> ROTATION <input type="checkbox"/> RECIPROICATION <input type="checkbox"/> NONE <input type="checkbox"/> UNABLE DUE TO STUCK PIPE | | | | | | | | | | | | | | | |
| Centralizers: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | Quantity: | | | | Type: <input type="checkbox"/> BOW <input type="checkbox"/> RIGID | | | | | | | |
| Job Pumped Through: <input type="checkbox"/> CHOKE MANIFOLD <input type="checkbox"/> SQUEEZE MANIFOLD <input type="checkbox"/> MANIFOLD <input type="checkbox"/> NO MANIFOLD | | | | | | | | | | | | | | | |
| Plugs | | | | | | | | | | | | | | | |
| Number of Attempts by BJ: | | | | Competition: | | | | Wiper Balls Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | Quantity: | | | |
| Plug Catcher Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | Parabow Used: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | | | | | | | | |
| Was There a Bottom: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | | | Top of Plug: FT | | | | Bottom of Plug: FT | | | | | | | |
| Squeezes (Update Original Treatment Report for Primary Job) | | | | | | | | | | | | | | | |
| BLOCK SQUEEZE <input type="checkbox"/> | | SHOE SQUEEZE <input type="checkbox"/> | | TOP OF LINER SQUEEZE <input type="checkbox"/> | | PLANNED <input type="checkbox"/> | | UNPLANNED <input type="checkbox"/> | | | | | | | |
| Liner Packer: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | Bond Log: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES | | PSI Applied: | | Fluid Weight: LBS/GAL | | | | | | | | | |
| Casing Test (Update Original Treatment Report for Primary Job) | | | | | | | | | | | | | | | |
| Casing Test Pressure: PSI | | With LBS/GAL | | Mud | | Time Held: Hours | | Minutes | | | | | | | |
| Shoe Test (Update Original Treatment Report for Primary Job) | | | | | | | | | | | | | | | |
| Depth Drilled out of Shoe: FT | | | | Target EMW: LBS/GAL | | | | Actual EMW: LBS/GAL | | | | | | | |
| Number of Times Tests Conducted: | | | | Mud Weight When Test was Conducted: LBS/GAL | | | | | | | | | | | |
| Problems Before Job (I.E. Running Casing, Circulating Well, ETC) | | | | | | | | | | | | | | | |
| EXPLANATION: TROUBLE SETTING TOOL, RUNNING CSG, ETC. PRIOR TO CEMENTING: CIRCULATING HOLE | | | | | | | | | | | | | | | |

CEMENT JOB REPORT



Problems During Job (I.E. Lost Returns, Equipment Failure, Bulk Delivery, Foaming, ETC)

Problems After Job (I.E. Gas at Surface, Float Equipment Failed, ETC)

| PRESSURE/RATE DETAIL | | | | | | EXPLANATION | |
|--|---------------------------------|--|--|----------------------------------|--------------------------------|--|--------------------------------------|
| TIME HR:MIN. | PRESSURE - PSI | | RATE BPM | Bbl. FLUID PUMPED | FLUID TYPE | SAFETY MEETING: BJ CREW <input checked="" type="checkbox"/> CO. REP. <input checked="" type="checkbox"/> | |
| | PIPE | ANNULUS | | | | TEST LINES | 2500 PSI |
| | | | | | | CIRCULATING WELL - RIG <input checked="" type="checkbox"/> BJ <input type="checkbox"/> | |
| 15:30 | | | | | | ARRIVE LOCATION | |
| 17:00 | | | | | | SAFETY MEETING | |
| 17:14 | 3900 | 0 | 0 | 0 | H2O | PRESSURE TEST LINES | |
| 17:30 | 0 | 0 | 1.2 | 0 | H2O | LOAD HOLE | |
| 17:39 | 288 | 0 | 1 | 12 | H2O | ST 5BBLs SPACER/ INJECTION TEST | |
| 17:49 | 166 | 0 | 1 | 5 | H2O | ST 18 BBLs CMT @ 13.8 | |
| 18:06 | 481 | 0 | .7 | 18 | CMT | ST 8.5 BBLs DISPLACEMENT | |
| 18:16 | 980 | 0 | .8 | | H2O | PRESSURE BEFORE SHUT DOWN | |
| 18:19 | 0 | 0 | 0 | 8.5 | H2O | SHUT DOWN/ STING OUT | |
| 18:34 | 400 | 0 | 2.3 | | H2O | REVERSE OUT | |
| 18:43 | 0 | 0 | 0 | 14 | H2O | SHUT DOWN/ SHUT IN W/ 500 PSI | |
| | | | | | | CEMENT TO PIT-- 1/2 BBL | |
| BUMPED PLUG | PSI TO BUMP PLUG | TEST FLOAT EQUIP. | BBL.CMT RETURNS/ REVERSED | TOTAL BBL. PUMPED | PSI LEFT ON CSG | SPOT TOP OUT CEMENT | Service Supervisor Signature: |
| Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | .5 | 58 | 500 | Y <input type="checkbox"/> N <input checked="" type="checkbox"/> | |

RECEIVED
DEC 10 2010
COGCC



BJ Services JobMaster Program Version 3.50

Job Number: 1001701661

Customer: ANTERO

Well Name: NORCROSS A3

C938(SQUEEZE)

