

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400081091

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 05-045-19101-00 6. County: GARFIELD  
 7. Well Name: BAT Well Number: 34B-17-07-95  
 8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6  
 9. Field Name: PARACHUTE Field Code: 67350

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 08/17/2010 Date of First Production this formation: 09/04/2010  
 Perforations Top: 5044 Bottom: 6830 No. Holes: 156 Hole size: 0.42  
 Provide a brief summary of the formation treatment: Open Hole:   
Frac'd with 52,205 bbls of 2% KCL slickwater and 1,695,800 lbs of 20/40 sand  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 09/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 3011 Bbls H2O: 540  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 3011 Bbls H2O: 540 GOR: 0  
 Test Method: Flowing Casing PSI: 1471 Tubing PSI: 993 Choke Size: 30/64  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1043 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6216 Tbg setting date: 09/04/2010 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: 12/2/2010 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: David S. Neslin Director of COGCC Date: 1/3/2011

**Attachment Check List**

| Att Doc Num | Name              |
|-------------|-------------------|
| 400081091   | FORM 5A SUBMITTED |

Total Attach: 1 Files

**General Comments**

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

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