

FORM
5
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

DRILLING COMPLETION REPORT

Document Number:

400080048

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-045-19389-00 6. County: GARFIELD
7. Well Name: McLin Well Number: B5
8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1260 feet Direction: FNL Distance: 420 feet Direction: FEL
As Drilled Latitude: 39.531009 As Drilled Longitude: 107.607939

GPS Data:

Data of Measurement: 07/22/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage

at Top of Prod. Zone Distance: 485 feet Direction: FNL Distance: 597 feet Direction: FWL
Sec: 18 Twp: 6S Rng: 91W
at Bottom Hole Distance: 432 feet Direction: FNL Distance: 645 feet Direction: FWL
Sec: 18 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI 10. Field Number: 47525
11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/30/2010 13. Date TD: 06/06/2010 14. Date Casing Set or D&A: 06/08/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7207 TVD 6930 17 Plug Back Total Depth MD 7155 TVD 6878

18. Elevations GR 5649 KB 5673

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

CBL and Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	16	55#	89	177	0	89	CALC
SURF	12+1/4	8+5/8	32#	1,012	259	0	1,022	CALC
1ST	7+7/8	4+1/2	11.6#	7,198	875	2,750	7,207	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	3,300		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,748		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,931		<input type="checkbox"/>	<input type="checkbox"/>	

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: 7/27/2010 Email: hknopping@anteroresources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400080114	PLAT
400080116	CMT SUMMARY
400080121	DIRECTIONAL SURVEY
400080132	LAS-CEMENT BOND
400080133	LAS-TRIPLE COMBINATION

Total Attach: 5 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)