

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:

400080140

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 05-045-19379-00 6. County: GARFIELD
7. Well Name: McLin Well Number: B7
8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1282 feet Direction: FNL Distance: 427 feet Direction: FEL
As Drilled Latitude: 39.530950 As Drilled Longitude: 107.607960

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: 1168 feet Direction: FNL Distance: 650 feet Direction: FWL
Sec: 18 Twp: 6S Rng: 91W
at Bottom Hole Distance: 1152 feet Direction: FNL Distance: 719 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) 06/10/2010 13. Date TD: 06/16/2010 14. Date Casing Set or D&A: 06/17/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7146 TVD 6948 17 Plug Back Total Depth MD 7092 TVD 6895

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#	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	1,013	259	0	1,024	CALC
1ST	7+7/8	4+1/2	11.6	7,136	785	2,900	7,146	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	3,299		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,712		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,884		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Casing depths are from KB.

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
400080151	LAS-CEMENT BOND
400080152	LAS-TRIPLE COMBINATION
400080153	PLAT
400080154	DIRECTIONAL SURVEY
400080156	CMT SUMMARY

Total Attach: 5 Files

General Comments

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

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Total: 0 comment(s)