

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



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DRILLING COMPLETION REPORT

Document Number:

2510996

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: \_\_\_\_\_  
3. Address: 1625 17TH ST STE 300 Fax: \_\_\_\_\_  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-19108-00 6. County: GARFIELD  
7. Well Name: BAT Well Number: 13B-17-07-95  
8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6  
Footage at surface: Distance: 990 feet Direction: FSL Distance: 1458 feet Direction: FWL  
As Drilled Latitude: 39.433174 As Drilled Longitude: -108.025215

GPS Data:

Data of Measurement: 05/23/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: SCOTT AIBNET/RIVER

\*\* If directional footage

at Top of Prod. Zone Distance: 2026 feet Direction: FSL Distance: 672 feet Direction: FWL  
Sec: 17 Twp: 7S Rng: 95W  
at Bottom Hole Distance: 2019 feet Direction: FSL Distance: 682 feet Direction: FWL  
Sec: 17 Twp: 7S Rng: 95W

9. Field Name: PARACHUTE 10. Field Number: 67350  
11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 05/12/2010 13. Date TD: 05/17/2010 14. Date Casing Set or D&A: 05/18/2010

15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 6782 TVD 6557 17 Plug Back Total Depth MD 6728 TVD 6503

18. Elevations GR 5562 KB 5586

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:

TRIPLE COMBO, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16		0	89	100	0	89	CALC
SURF	12+1/4	8+5/8		0	2,056	435	0	2,075	CALC
1ST	7+7/8	4+1/2		0	6,773	652	3,940	6,782	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	3,735		<input type="checkbox"/>	<input type="checkbox"/>	TOP OF GAS: 4706
CAMEO	6,127		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,650		<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 REP Date: 6/11/2010 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: *David S. Nashin* Director of COGCC Date: 1/18/2011

**Attachment Check List**

Att Doc Num	Name
2510996	FORM 5 SUBMITTED
2510997	WELL LOCATION PLAT
2510998	DIRECTIONAL SURVEY
2517312	CEMENT JOB SUMMARY

Total Attach: 4 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	CEMENT TICKETS NOW PROVIDED. DHS	10/21/2010 9:39:27 AM

Total: 1 comment(s)