

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:

2555725

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 05-045-19098-00 6. County: GARFIELD
7. Well Name: BAT Well Number: 13D-17-07-95
8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 962 feet Direction: FSL Distance: 1449 feet Direction: FWL
As Drilled Latitude: 39.433096 As Drilled Longitude: -108.025248

GPS Data:

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

** If directional footage

at Top of Prod. Zone Distance: 1418 feet Direction: FSL Distance: 663 feet Direction: FWL
Sec: 17 Twp: 7S Rng: 95W
at Bottom Hole Distance: 1408 feet Direction: FSL Distance: 661 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) 05/06/2010 13. Date TD: 05/11/2010 14. Date Casing Set or D&A: 05/11/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6662 TVD 6520 17 Plug Back Total Depth MD 6600 TVD 6458

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, MUD

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 | 2,307 | 435 | 0 | 2,322 | CALC |
| 1ST | 7+7/8 | 4+1/2 | | 0 | 6,648 | 656 | 4,045 | 6,662 | 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 | 3,642 | | <input type="checkbox"/> | <input type="checkbox"/> | TOP OF GAS, 4594' |
| CAMEO | 6,007 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,534 | | <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: 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: 1/19/2011

Attachment Check List

| Att Doc Num | Name |
|-------------|--------------------|
| 2555725 | FORM 5 SUBMITTED |
| 2555726 | PLAT |
| 2555727 | DIRECTIONAL SURVEY |
| 2555728 | CEMENT JOB SUMMARY |

Total Attach: 4 Files

General Comments

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

Total: 0 comment(s)