


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		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number: 400091398	DE	ET	OE	ES
DE	ET	OE	ES				
DRILLING COMPLETION REPORT							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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 05-045-19639-00		6. County: GARFIELD					
7. Well Name: Frei		Well Number: A21					
8. Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6							
Footage at surface: Distance: 540 feet Direction: FSL Distance: 925 feet Direction: FWL							
As Drilled Latitude: 39.535979 As Drilled Longitude: -107.603240							
GPS Data:							
Data of Measurement: 08/24/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott Aibner							
** If directional footage at Top of Prod. Zone		Dist.: 979 feet. Direction: FSL Dist.: 631 feet. Direction: FWL					
Sec: 7 Twp: 6S Rng: 91W							
** If directional footage at Bottom Hole		Dist.: 986 feet. Direction: FSL Dist.: 618 feet. Direction: FWL					
Sec: 7 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) 06/30/2010 13. Date TD: 07/06/2010 14. Date Casing Set or D&A: 07/08/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD 6800 TVD** 6747		17 Plug Back Total Depth MD 6752 TVD** 6699					
18. Elevations GR 5545 KB 5569		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:							
Mud, Triple Combo, CBL							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	65#	0	84	100	0	84	VISU
SURF	12+1/4	8+5/8	24#	0	1,000	267	0	1,011	VISU
1ST	7+7/8	4+1/2	11.6#	0	6,789	501	2,815	6,800	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	2,878		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,389		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,560		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Casing setting 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: 9/10/2010 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400092027	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400092024	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400091398	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400092023	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400092041	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400092043	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400092044	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

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General Comments

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

Total: 0 comment(s)