

FORM 5A 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>	DE	ET	OE	ES
DE	ET	OE	ES				
COMPLETED INTERVAL REPORT			Document Number: <div style="text-align: center; font-weight: bold;">400118330</div>				

1. OGCC Operator Number: <u>10079</u>	4. Contact Name: <u>Hannah Knopping</u>
2. Name of Operator: <u>ANTERO RESOURCES PICEANCE CORPORATION</u>	Phone: <u>(303) 357-6412</u>
3. Address: <u>1625 17TH ST STE 300</u>	Fax: <u>(303) 357-7315</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19723-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CSF</u>	Well Number: <u>34D-10-07-91</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>10</u> Township: <u>7S</u> Range: <u>91W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/10/2010</u>	Date of First Production this formation: <u>11/22/2010</u>
Perforations Top: <u>6279</u> Bottom: <u>7784</u>	No. Holes: <u>180</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>Frac'd with 78,027 bbls of 2% KCL slickwater, 123,000 lbs 30/50 sand and 1,563,000 lbs of 20/40 sand</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>12/03/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>1797</u> Bbls H2O: <u>972</u>
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1797</u> Bbls H2O: <u>972</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>680</u> Tubing PSI: <u>1300</u> Choke Size: <u>34/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u> BTU Gas: <u>1150</u> API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7392</u>	Tbg setting date: <u>11/28/2010</u> Packer Depth: _____
Reason for Non-Production: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: _____ Sacks cement on top: _____	

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: 12/21/2010 Email: hknopping@anteroresources.com

Attachment Check List

<u>Att Doc Num</u>	<u>Name</u>
400118330	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)