


<b>FORM 5A</b>  Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 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:  <div style="border: 1px solid black; padding: 5px; text-align: center;">400118361</div>	DE	ET	OE	ES
DE	ET	OE	ES				
<b>COMPLETED INTERVAL REPORT</b>							
The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.							
1. OGCC Operator Number: <u>10079</u> 2. Name of Operator: <u>ANTERO RESOURCES PICEANCE CORPORATION</u> 3. Address: <u>1625 17TH ST STE 300</u> City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>		4. Contact Name: <u>Hannah Knopping</u> Phone: <u>(303) 357-6412</u> Fax: <u>(303) 357-7315</u>					
5. API Number <u>05-045-19724-00</u> 7. Well Name: <u>CSF</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>		6. County: <u>GARFIELD</u> Well Number: <u>43D-10-07-91</u>					
<u>Completed Interval</u>							
FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>					
Treatment Date: <u>11/10/2010</u>		Date of First Production this formation: <u>11/23/2010</u>					
Perforations    Top: <u>8267</u> Bottom: <u>8321</u>	No. Holes: <u>20</u>	Hole size: <u>0.42</u>					
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>					
WFILS: 93,922 bbls of 2% KCL slickwater, 381,900 lbs 30/50 sand and 1,567,900 lbs 20/40 sand							
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
<b>Test Information:</b>							
Date: <u>12/08/2010</u> Hours: <u>24</u>	Bbls oil: <u>0</u> Mcf Gas: <u>1868</u>	Bbls H2O: <u>1619</u>					
Calculated 24 hour rate:	Bbls oil: <u>0</u> Mcf Gas: <u>1868</u>	Bbls H2O: <u>1619</u>	GOR: <u>0</u>				
Test Method: <u>Flowing</u>	Casing PSI: <u>775</u>	Tubing PSI: <u>1790</u>	Choke Size: <u>36/64</u>				
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1148</u>	API Gravity Oil: <u>0</u>				
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7764</u>	Tbg setting date: <u>12/01/2010</u>	Packer Depth: _____				
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>							
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: _____					

**IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.**

FORMATION: <u>WILLIAMS FORK - CAMEO</u>			Status: <u>PRODUCING</u>		
Treatment Date: <u>11/15/2010</u>		Date of First Production this formation: <u>11/23/2010</u>			
Perforations	Top: <u>6595</u>	Bottom: <u>8160</u>	No. Holes: <u>228</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div>WFILS: 93,922 bbls of 2% KCL slickwater, 381,900 lbs 30/50 sand and 1,567,900 lbs 20/40 sand</div>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Test Information:</b>					
Date: <u>12/08/2010</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1868</u>	Bbls H2O: <u>1619</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1868</u>	Bbls H2O: <u>1619</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>775</u>	Tubing PSI: <u>1790</u>	Choke Size: <u>36/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1148</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7764</u>	Tbg setting date: <u>12/01/2010</u>	Packer Depth: _____		
Reason for Non-Production: <div></div>					
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

Att Doc Num	Name
400118361	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)