

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: 400118361				
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>	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>05-045-19724-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>CSF</u>	Well Number: <u>43D-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>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	
Test Information:	
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:	

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: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/15/2010 Date of First Production this formation: 11/23/2010

Perforations Top: 6595 Bottom: 8160 No. Holes: 228 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole:

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: Yes No

Test Information:

Date: 12/08/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1868 Bbls H2O: 1619

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1868 Bbls H2O: 1619 GOR: 0

Test Method: Flowing Casing PSI: 775 Tubing PSI: 1790 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1148 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7764 Tbg setting date: 12/01/2010 Packer Depth: _____

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes 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

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

Total: 0 comment(s)