

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

Document Number:

400091293

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 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 05-045-19732-00 6. County: GARFIELD
7. Well Name: Maves Well Number: A1
8. Location: QtrQtr: NENW Section: 6 Township: 6S Range: 91W Meridian: 6
Footage at surface: Distance: 981 feet Direction: FNL Distance: 1452 feet Direction: FWL
As Drilled Latitude: 39.561463 As Drilled Longitude: -107.601747

GPS Data:

Data of Measurement: 09/10/2010 PDOP Reading: 2.8 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: 662 feet. Direction: FNL Dist.: 1582 feet. Direction: FWL
Sec: 6 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 664 feet. Direction: FNL Dist.: 1584 feet. Direction: FWL
Sec: 6 Twp: 6S Rng: 91W

9. Field Name: WILDCAT 10. Field Number: 99999

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 08/30/2010 13. Date TD: 09/04/2010 14. Date Casing Set or D&A: 09/06/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 5627 TVD** 5579 17 Plug Back Total Depth MD 5575 TVD** 5528

18. Elevations GR 5757 KB 5781

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:

CBL, Mud Log and Triple Combo

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	24	16	75#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,005	267	0	1,014	CALC
1ST	7+7/8	4+1/2	11.6#	0	5,617	494	2,250	5,627	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	1,547		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	4,141		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	5,344		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All depths given 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: 11/18/2010 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400109774	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400109775	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>			
400091293	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400109560	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400109595	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400109599	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400109615	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group

Comment

Comment Date

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

Total: 0 comment(s)