

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



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COMPLETED INTERVAL REPORT

Document Number:

400154223

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: 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 05-045-19728-00 6. County: GARFIELD
 7. Well Name: Fenno Ranch Well Number: A1
 8. Location: QtrQtr: NESW Section: 31 Township: 5S Range: 91W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ROLLINS Status: TEMPORARILY ABANDONED
 Treatment Date: 09/14/2010 Date of First Production this formation: _____
 Perforations Top: 6574 Bottom: 6628 No. Holes: 26 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
Frac'd with 9183 bbls 2% KCL slickwater, 169,400 lbs 20/40 sand and 20,200 lbs 20/40 SLC sand
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production:
TA'd this formation with a CIBP.
 Date formation Abandoned: 02/08/2011 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 6510 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: SHUT IN

Treatment Date: 09/15/2010 Date of First Production this formation: _____

Perforations Top: 5045 Bottom: 6465 No. Holes: 168 Hole size: 0.42

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

Frac'd with 81,000 bbls of 2% KCL slickwater, 792,400 lbs of 30/50 sand, 654,200 lbs 20/40 sand and 230,300 lbs 20/40 SLC sand

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5889 Tbg setting date: 02/08/2011 Packer Depth: 5889

Reason for Non-Production: _____

Awaiting further evaluation.

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: _____ Email hknopping@anteroresources.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)