

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:

400154263

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

5. API Number 05-045-19924-00
6. County: GARFIELD
7. Well Name: Diemoz Well Number: A3
8. Location: QtrQtr: NWSW Section: 36 Township: 5S Range: 92W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: CAMEO Status: SHUT IN
Treatment Date: 12/12/2010 Date of First Production this formation:
Perforations Top: 6977 Bottom: 7682 No. Holes: 154 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Frac'd with 37,626 bbls of 2% KCL slickwater and 712,203 lbs of 20/40 and 30/50 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: 6707 Tbg setting date: 01/17/2011 Packer Depth:
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**

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

Total: 0 comment(s)