

**FORM
5**Rev
02/08State 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:

400154949

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 05-045-14371-00 6. County: GARFIELD
7. Well Name: Dixon Federal Well Number: B4
8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1597 feet Direction: FSL Distance: 787 feet Direction: FWL
As Drilled Latitude: 39.524162 As Drilled Longitude: -107.659677

GPS Data:

Data of Measurement: 04/11/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage

at Top of Prod. Zone Distance: 2433 feet Direction: FSL Distance: 2099 feet Direction: FWL
Sec: 15 Twp: 6S Rng: 92W
at Bottom Hole Distance: 2435 feet Direction: FSL Distance: 2089 feet Direction: FWL
Sec: 15 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC65762

12. Spud Date: (when the 1st bit hit the dirt) 02/24/2011 13. Date TD: 03/03/2011 14. Date Casing Set or D&A: 03/04/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7870 TVD 7509 17 Plug Back Total Depth MD 7811 TVD 745018. Elevations GR 5520 KB 5544

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:

Mud Log and CBL

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	1,024	290	0	1,034	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,858	1,046	1,990	7,870	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	4,066		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,693		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,691		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths reported 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: _____

Email: hknopping@anteroresources.com

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

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400162823	CEMENT JOB SUMMARY
400162824	DIRECTIONAL SURVEY
400162826	PLAT
400165652	LAS-CEMENT BOND
400165655	LAS-MUD

Total Attach: 5 Files

General Comments

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

Total: 0 comment(s)