

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



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Document Number:

400168558

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
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 05-045-17084-00
6. County: GARFIELD
7. Well Name: CSF Well Number: 21C-07-07-91
8. Location: QtrQtr: SENW Section: 7 Township: 7S Range: 91W Meridian: 6
Footage at surface: Distance: 2081 feet Direction: FNL Distance: 1975 feet Direction: FWL
As Drilled Latitude: 39.463293 As Drilled Longitude: -107.598879

GPS Data:

Data of Measurement: 01/05/2009 PDOP Reading: 1.6 GPS Instrument Operator's Name: David Dusdal

** If directional footage

at Top of Prod. Zone Distance: 698 feet Direction: FNL Distance: 1877 feet Direction: FWL
Sec: 7 Twp: 7S Rng: 91W
at Bottom Hole Distance: 728 feet Direction: FNL Distance: 1869 feet Direction: FWL
Sec: 7 Twp: 7S Rng: 91W

9. Field Name: MAMM CREEK 10. Field Number: 52500
11. Federal, Indian or State Lease Number: COC 66578

12. Spud Date: (when the 1st bit hit the dirt) 10/06/2008 13. Date TD: 11/12/2008 14. Date Casing Set or D&A: 11/14/2008

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 12435 TVD 12194 17 Plug Back Total Depth MD 12384 TVD 12143

18. Elevations GR 6837 KB 6859 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:
Original CBL (previously sent in); CBL dated 3/8/2011 after cement work.

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	87.5#	0	75	145	0	75	CALC
SURF	12+1/4	9+5/8	47#	0	2,514	565	0	2,514	CALC
1ST	7+7/8	5+1/2	23#	0	12,433	1,180	2,660	12,435	CBL

ADDITIONAL CEMENT

Cement work date: 02/21/2011

Details of work:

Remedial cement work was performed on the subject well. A Subsequent Form 4 Sundry was submitted which provides further details about work performed.

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	5,423	200	4,460	5,450
SQUEEZE	1ST	4,661	188	4,460	5,450
SQUEEZE	1ST	3,080	50	2,660	3,140

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	3,281		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,904		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,144		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,738		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	7,959		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	8,231		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	11,638		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Casing depths have been corrected. All depths 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
400168565	LAS-CEMENT BOND
400168571	CEMENT JOB SUMMARY
400168573	CEMENT JOB SUMMARY
400168574	CEMENT JOB SUMMARY

Total Attach: 4 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)