

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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">DE</td> <td style="width:25%;">ET</td> <td style="width:25%;">OE</td> <td style="width:25%;">ES</td> </tr> </table> Document Number: <div style="text-align: center; font-weight: bold;">400133486</div>	DE	ET	OE	ES
DE	ET	OE	ES				
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> Preliminary completion							
1. OGCC Operator Number: <u>10079</u>		4. Contact Name: <u>Hannah Knopping</u>					
2. Name of Operator: <u>ANTERO RESOURCES PICEANCE CORPORATION</u>		Phone: <u>(303) 357-6412</u>					
3. Address: <u>1625 17TH ST STE 300</u>		Fax: <u>(303) 357-7315</u>					
City: <u>DENVER</u>	State: <u>CO</u>	Zip: <u>80202</u>					
5. API Number <u>05-045-19924-00</u>		6. County: <u>GARFIELD</u>					
7. Well Name: <u>Diemoz</u>		Well Number: <u>A3</u>					
8. Location: QtrQtr: <u>NWSW</u> Section: <u>36</u> Township: <u>5S</u> Range: <u>92W</u> Meridian: <u>6</u>							
Footage at surface: Distance: <u>2012</u> feet Direction: <u>FSL</u>		Distance: <u>1088</u> feet Direction: <u>FWL</u>					
As Drilled Latitude: <u>39.569539</u>		As Drilled Longitude: <u>-107.672092</u>					
GPS Data: Data of Measurement: <u>11/19/2010</u> PDOP Reading: <u>2.4</u> GPS Instrument Operator's Name: <u>Scott E. Aibner</u>							
** If directional footage at Top of Prod. Zone		Dist.: <u>1042</u> feet. Direction: <u>FSL</u>					
Sec: <u>36</u>		Dist.: <u>646</u> feet. Direction: <u>FWL</u>					
Twp: <u>5S</u>		Rng: <u>92W</u>					
** If directional footage at Bottom Hole		Dist.: <u>1040</u> feet. Direction: <u>FSL</u>					
Sec: <u>36</u>		Dist.: <u>657</u> feet. Direction: <u>FWL</u>					
Twp: <u>5S</u>		Rng: <u>92W</u>					
9. Field Name: <u>WILDCAT</u>		10. Field Number: <u>99999</u>					
11. Federal, Indian or State Lease Number: _____							
12. Spud Date: (when the 1st bit hit the dirt) <u>10/25/2010</u> 13. Date TD: <u>10/31/2010</u> 14. Date Casing Set or D&A: <u>11/02/2010</u>							
15. Well Classification: <input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth MD <u>7956</u> TVD** <u>7838</u>		17 Plug Back Total Depth MD <u>7908</u> TVD** <u>7790</u>					
18. Elevations GR <u>5650</u> KB <u>5674</u>		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: <u>Triple Combo (Induction, Neutron Density, Gamma Ray), CBL and Mud Log</u>							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

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	84#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,015	274	0	1,025	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,947	744	2,450	7,956	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	4,022		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,594		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,738		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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: 2/23/2011 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400133695	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400133694	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>			
400133486	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400133690	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400133691	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400133692	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400136242	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

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General Comments

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

Total: 0 comment(s)