

**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:

400136900

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 05-045-19098-00 6. County: GARFIELD
7. Well Name: BAT Well Number: 13D-17-07-95
8. Location: QtrQtr: SESW Section: 17 Township: 7S Range: 95W Meridian: 6
Footage at surface: Distance: 962 feet Direction: FSL Distance: 1449 feet Direction: FWL
As Drilled Latitude: 39.433096 As Drilled Longitude: -108.025248

GPS Data:

Data of Measurement: 05/23/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott Aibner** If directional footage at Top of Prod. Zone Dist.: 1418 feet. Direction: FSL Dist.: 663 feet. Direction: FWLSec: 17 Twp: 7S Rng: 95W** If directional footage at Bottom Hole Dist.: 1408 feet. Direction: FSL Dist.: 661 feet. Direction: FWLSec: 17 Twp: 7S Rng: 95W9. Field Name: PARACHUTE 10. Field Number: 67350

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 05/06/2010 13. Date TD: 05/11/2010 14. Date Casing Set or D&A: 05/11/2010

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 6662 TVD** 6520 17 Plug Back Total Depth MD 6600 TVD** 645818. Elevations GR 5562 KB 5586

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:

CBL after cement work, dated 2/16/2011 (attached); Triple Combo, CBL & Mud (previously submitted with original Form 5)

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	20	16	65#	0	89	100	0	89	CALC
SURF	12+1/4	8+5/8	32#	0	2,307	435	0	2,322	CALC
1ST	7+7/8	4+1/2	11.6#	0	6,648	656	2,780	6,662	CBL

ADDITIONAL CEMENT

Cement work date: 02/10/2010

Details of work:

Cement remediation work done to repair marginally leaking collors; external casing patch set at 4075'; cement retainer set at 4020'; pumped 320 sx of cement (Form 4 Sundry submitted w/details).

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom
SQUEEZE	1ST	4,075	320	2,780	

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	3,642		<input type="checkbox"/>	<input type="checkbox"/>	Top of Gas: 4595'
CAMEO	6,007		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,534		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

THIS IS AN UPDATED FORM 5 DRILLING COMPLETION REPORT BECAUSE CEMENT REMEDIATION WAS PERFORMED ON 2/10/2011. A FORM 4 SUBSEQUENT SUNDRY NOTICE HAS ALSO BEEN SUBMITTED WHICH DEALS WORK PERFORMED.

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: 2/25/2011 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400136995	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" 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>					
400136900	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400136997	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400137021	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	d/s attached to Prelim form 5 doc# 2555727	5/3/2011 9:30:10 AM

Total: 1 comment(s)