

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



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: FWL
Sec: 17 Twp: 7S Rng: 95W

** If directional footage at Bottom Hole Dist.: 1408 feet. Direction: FSL Dist.: 661 feet. Direction: FWL
Sec: 17 Twp: 7S Rng: 95W

9. 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 Observation

16. Total Depth MD 6662 TVD** 6520 17 Plug Back Total Depth MD 6600 TVD** 6458

18. 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)