<table>
<tr><td>
FORM 5A

Rev 02/08
</td><td colspan="2">
State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

COMPLETED INTERVAL REPORT
</td><td>
STATE OF COLORADO OIL & GAS
</td><td>

DE	ET	OE	ES	
</td></tr>
</table>

	Document Number:
	400175269

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of 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   05-045-15129-00

6. County: GARFIELD

7. Well Name: WEINREIS

Well Number: A4

8. Location: QtrQtr: SWNW   Section: 16   Township: 6S   Range: 92W   Meridian: 6

9. Field Name: MAMM CREEK   Field Code: 52500

Completed Interval

FORMATION: COZZETTE   Status: TEMPORARILY ABANDONED

Treatment Date: 05/11/2010   Date of First Production this formation: 06/30/2008

Perforations   Top: 8317   Bottom: 8468   No. Holes: 33   Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: _____   Hours: _____   Bbls oil: _____   Mcf Gas: _____   Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____   Mcf Gas: _____   Bbls H2O: _____   GOR: _____

Test Method: _____   Casing PSI: _____   Tubing PSI: _____   Choke Size: _____

Gas Disposition: _____   Gas Type: _____   BTU Gas: _____   API Gravity Oil: _____

Tubing Size: _____   Tubing Setting Depth: _____   Tbg setting date: _____   Packer Depth: _____

Reason for Non-Production:

T&A'd ILES w/CIBP

Date formation Abandoned: 05/11/2010   Squeeze: ☐ Yes ☒ No   If yes, number of sacks cmt _____

Bridge Plug Depth: 8270   Sacks cement on top: 2

FORMATION: CORCORAN   Status: TEMPORARILY ABANDONED

Treatment Date: 05/11/2010   Date of First Production this formation: _____

Perforations   Top: 8558   Bottom: 8730   No. Holes: 45   Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

This formation is commingled with another formation: ☐ Yes   ☒ No

Test Information:

Date: _____   Hours: _____   Bbls oil: _____   Mcf Gas: _____   Bbls H2O: _____

Calculated 24 hour rate: Bbls oil: _____   Mcf Gas: _____   Bbls H2O: _____   GOR: _____

Test Method: _____   Casing PSI: _____   Tubing PSI: _____   Choke Size: _____

Gas Disposition: _____   Gas Type: _____   BTU Gas: _____   API Gravity Oil: _____

Tubing Size: _____   Tubing Setting Depth: _____   Tbg setting date: _____   Packer Depth: _____

Reason for Non-Production:

T&A'd ILES w/CIBP

Date formation Abandoned: 05/11/2010   Squeeze: ☐ Yes ☒ No   If yes, number of sacks cmt _____

Bridge Plug Depth: 8270   Sacks cement on top: 2

Comment:

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 Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ **Director of COGCC** Date: _____

Attachment Check List

Att Doc Num	Name
400177580	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)