

FORM  
5A

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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| DE | ET | OE | ES |
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Document Number:

400175269

**COMPLETED INTERVAL REPORT**

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: <u>COZZETTE</u>   | Status: <u>TEMPORARILY ABANDONED</u>   |
| Treatment Date: <u>05/11/2010</u>  | Date of First Production this formation: <u>06/30/2008</u>   |
| Perforations Top: <u>8317</u> Bottom: <u>8468</u>  | No. Holes: <u>33</u> Hole size: <u>0.42</u>  |
| Provide a brief summary of the formation treatment:  | Open Hole: <input type="checkbox"/>  |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Test Information:</b>   |  |
| 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:   |  |
| <u>T&amp;A'd ILES w/CIBP</u>   |  |
| Date formation Abandoned: <u>05/11/2010</u>  | Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____ |
| Bridge Plug Depth: <u>8270</u>   | Sacks cement on top: <u>2</u>  |

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: 6/21/2011 Email: hknopping@anteroresources.com

### Attachment Check List

| Att Doc Num | Name                 |
|-------------|----------------------|
| 400175269   | FORM 5A SUBMITTED    |
| 400177580   | WIRELINE JOB SUMMARY |

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)