



Document Number:  
  
400175282

### 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 05-045-14286-00  
6. County: GARFIELD  
7. Well Name: VALLEY FARMS  
Well Number: F5  
8. Location: QtrQtr: NWSW Section: 14 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>06/05/2010</u>	Date of First Production this formation: <u>09/09/2008</u>
Perforations Top: <u>7944</u> Bottom: <u>8101</u>	No. Holes: <u>24</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>06/05/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>7904</u>	Sacks cement on top: <u>2</u>

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 06/05/2010 Date of First Production this formation: 09/09/2008

Perforations Top: 8163 Bottom: 8298 No. Holes: 24 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: 06/05/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 7904 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
400175282	FORM 5A SUBMITTED
400177608	WIRELINE JOB SUMMARY

Total Attach: 2 Files

### General Comments

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

Total: 0 comment(s)