

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		DE ET OE ES
COMPLETED INTERVAL REPORT			Document Number: 400175283
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: <u>10079</u>	4. Contact Name: <u>Hannah Knopping</u>
2. Name of Operator: <u>ANTERO RESOURCES PICEANCE CORPORATION</u>	Phone: <u>(303) 357-6412</u>
3. Address: <u>1625 17TH ST STE 300</u>	Fax: <u>(303) 357-7315</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-13752-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>O'TOOLE</u>	Well Number: <u>A3</u>
8. Location: QtrQtr: <u>SESE</u> Section: <u>16</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>06/07/2010</u>	Date of First Production this formation: <u>06/27/2007</u>
Perforations Top: <u>8117</u> Bottom: <u>8214</u>	No. Holes: <u>216</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	
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: <u>06/07/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>8077</u> Sacks cement on top: <u>2</u>	

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 06/07/2010 Date of First Production this formation: 06/27/2007

Perforations Top: 8338 Bottom: 8522 No. Holes: 216 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: 06/07/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8077 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
400175283	FORM 5A SUBMITTED
400177614	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)