

FORM
5Rev
02/08State 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:

400177199

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

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) 357-7323

Fax: (303) 357-7315

5. API Number 05-045-20490-00

6. County: GARFIELD

7. Well Name: Burckle Federal

Well Number: A14

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

Footage at surface: Distance: 2055 feet Direction: FSL Distance: 2202 feet Direction: FEL

As Drilled Latitude: 39.525271 As Drilled Longitude: -107.670284

GPS Data:

Data of Measurement: 06/03/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage

at Top of Prod. Zone Distance: 709 feet Direction: FSL Distance: 2032 feet Direction: FEL

Sec: 16 Twp: 6S Rng: 92W

at Bottom Hole Distance: 700 feet Direction: FSL Distance: 2048 feet Direction: FEL

Sec: 16 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC-56027

12. Spud Date: (when the 1st bit hit the dirt) 04/09/2011 13. Date TD: 05/13/2011 14. Date Casing Set or D&A: 05/14/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7843 TVD 7529 17 Plug Back Total Depth MD 7787 TVD 7473

18. Elevations GR 5561 KB 5585

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:

Mud Log, CBL, Triple Combo, Temp Log

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	24	16	84#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,270	400	0	1,284	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,833	1,067	2,170	7,843	CBL

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	4,007		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,674		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,685		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured from KB.

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 Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name
400185529	PLAT
400191492	LAS-MUD
400191493	LAS-TRIPLE COMBINATION
400191497	LAS-CEMENT BOND
400191499	LAS-TEMPERATURE
400191543	CEMENT JOB SUMMARY
400191544	DIRECTIONAL SURVEY

Total Attach: 7 Files

General Comments

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

Total: 0 comment(s)