

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

Document Number:  
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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 05-045-20491-00  
6. County: GARFIELD  
7. Well Name: BURCKLE FEDERAL Well Number: A13  
8. Location: QtrQtr: NWSE Section: 16 Township: 6S Range: 92W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 06/16/2011 Date of First Production this formation: 06/27/2011  
Perforations Top: 5922 Bottom: 7666 No. Holes: 204 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole:   
Frac'd with 89,036 bbls of 2% KCL Slickwater, 1,671,800 lbs of 20/40 sand & 198,300 20/40 SLC sand  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 07/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1493 Bbls H2O: 738  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1493 Bbls H2O: 738 GOR: 0  
Test Method: Flowing Casing PSI: 425 Tubing PSI: 0 Choke Size: 40/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1173 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7216 Tbg setting date: 07/13/2011 Packer Depth: \_\_\_\_\_  
Reason for Non-Production:  
\_\_\_\_\_  
Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

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

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)