

FORM
5

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:

400080165

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) 357-6412
Fax: (303) 357-7315

5. API Number 05-045-19375-00
6. County: GARFIELD
7. Well Name: McLin Well Number: B9
8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1278 feet Direction: FNL Distance: 441 feet Direction: FEL
As Drilled Latitude: 39.530961 As Drilled Longitude: -107.608011

GPS Data:
Date of Measurement: 07/22/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: 1883 feet. Direction: FNL Dist.: 685 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 91W
** If directional footage at Bottom Hole Dist.: 1877 feet. Direction: FNL Dist.: 686 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI 10. Field Number: 47525
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 06/18/2010 13. Date TD: 06/25/2010 14. Date Casing Set or D&A: 06/26/2010

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7221 TVD** 6980 17 Plug Back Total Depth MD 7169 TVD** 6927

18. Elevations GR 5649 KB 5673
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:
CBL and Triple Combo; diff temp/GR; mud

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	55#	0	86	177	0	86	VISU
SURF	12+1/4	8+5/8	32#	0	1,003	259	0	1,010	VISU
1ST	7+7/8	4+1/2	11.6#	0	7,211	518	2,770	7,221	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	3,391		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,794		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,978		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Casing depths are 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: 9/7/2010 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400090777	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400080178	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400080165	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400080173	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400080177	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400080179	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	ON HOLD FOR CEMENT SUMMARY, DIRECTIONAL SURVEY, PAPER TRIPLE COMBO. DHS	9/20/2010 9:28:50 AM

Total: 1 comment(s)