

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:

400080048

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 05-045-19389-00
6. County: GARFIELD
7. Well Name: McLin Well Number: B5
8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 1260 feet Direction: FNL Distance: 420 feet Direction: FEL
As Drilled Latitude: 39.531009 As Drilled Longitude: -107.607939

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.: 485 feet. Direction: FNL Dist.: 597 feet. Direction: FWL
Sec: 18 Twp: 6S Rng: 91W
** If directional footage at Bottom Hole Dist.: 432 feet. Direction: FNL Dist.: 645 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) 05/30/2010 13. Date TD: 06/06/2010 14. Date Casing Set or D&A: 06/08/2010

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

16. Total Depth MD 7207 TVD** 6930 17 Plug Back Total Depth MD 7155 TVD** 6878

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

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 | 89 | 177 | 0 | 89 | CALC |
| SURF | 12+1/4 | 8+5/8 | 32# | 0 | 1,012 | 259 | 0 | 1,022 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 7,198 | 875 | 2,750 | 7,207 | 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 | 3,300 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 5,748 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 6,931 | | <input type="checkbox"/> | <input type="checkbox"/> | |

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 KnoppingTitle: Permit Representative Date: 7/27/2010 Email: hknopping@anteroresources.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | |
|-----------------------------|------------------------|---|--|
| <u>Attachment Checklist</u> | | | |
| 400080116 | CMT Summary * | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| | Core Analysis | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> |
| 400080121 | 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"/> |
| <u>Other Attachments</u> | | | |
| 400080048 | FORM 5 SUBMITTED | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400080114 | PLAT | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400080132 | LAS-CEMENT BOND | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |
| 400080133 | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|--|-------------------------|
| Permit | hard copy ind/den/neu, temp, bond & mud received | 8/8/2011 11:26:32 AM |
| Permit | DIGITAL DIRECTIONAL SURVEY AND CEMENT TICKETS ATTACHED. DIGITAL COPIES OF MUD, CBL AND TRIPLE COMBO LOGS RECEIVED. PAPER COPIES REQUESTED. | 9/20/2010 7:22:04 AM |

Total: 2 comment(s)