

FORM
5Rev
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:

400080272

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

4. Contact Name: Hannah Knopping

2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION

Phone: (303) 357-6412

3. Address: 1625 17TH ST STE 300

Fax: (303) 357-7315

City: DENVER State: CO Zip: 80202

5. API Number 05-045-19640-00

6. County: GARFIELD

7. Well Name: Frei

Well Number: A11

8. Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6

Footage at surface: Distance: 578 feet Direction: FSL Distance: 932 feet Direction: FWL

As Drilled Latitude: 39.536082 As Drilled Longitude: -107.603220

GPS Data:

Data of Measurement: 08/24/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott Aibner

** If directional footage at Top of Prod. Zone Dist.: 2195 feet. Direction: FSL Dist.: 1892 feet. Direction: FWL

Sec: 7 Twp: 6S Rng: 91W

** If directional footage at Bottom Hole Dist.: 2209 feet. Direction: FSL Dist.: 1904 feet. Direction: FWL

Sec: 7 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) 07/17/2010 13. Date TD: 07/23/2010 14. Date Casing Set or D&A: 07/24/2010

15. Well Classification:

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

16. Total Depth MD 6978 TVD** 6431 17 Plug Back Total Depth MD 6968 TVD** 6421

18. Elevations GR 5605 KB 5629

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, Triple Combo, CBL

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	65#	0	84	100	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,000	267	0	1,013	CALC
1ST	7+7/8	4+1/2	11.6#	0	6,970	667	1,450	6,978	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	3,108		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,672		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,842		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

PAPER MUD LOG, DIGITAL PLAT, DIRECTIONAL SURVEY AND CEMENT SUMMARY REQUESTED.

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: 9/10/2010 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2517330	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
2517331	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>					
400080272	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400091961	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400091962	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400091965	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400091980	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	not sure why new D/S requested as both seen to be the same. I complete the processing of this well and all info is submitted.	8/8/2011 11:40:40 AM

Total: 1 comment(s)