

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



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Document Number:

400190993

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 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 05-045-20490-00 6. County: GARFIELD  
7. Well Name: BURCKLE FEDERAL Well Number: A14  
8. Location: QtrQtr: NWSE Section: 16 Township: 6S Range: 92W Meridian: 6  
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: 06/28/2011  
Perforations Top: 5897 Bottom: 7658 No. Holes: 254 Hole size: 0.42  
Provide a brief summary of the formation treatment: Open Hole: ☒  
Frac'd with 97,812 bbls of 2% KCL Slickwater, 1,840,600 lbs 20/40 sand & 226,600 20/40 SLC sand  
This formation is commingled with another formation: ☐ Yes ☒ No  
**Test Information:**  
Date: 07/08/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2238 Bbls H2O: 665  
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2238 Bbls H2O: 665 GOR: 0  
Test Method: Flowing Casing PSI: 800 Tubing PSI: 0 Choke Size: 36/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1081 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7769 Tbg setting date: 07/06/2011 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: 8/4/2011 Email: hknopping@anteroresources.com

### Attachment Check List

Att Doc Num	Name
400190993	FORM 5A SUBMITTED

Total Attach: 1 Files

### General Comments

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

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