

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:

400177199

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) 357-7323

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

Footage at surface: Distance: 2055 feet Direction: FSL Distance: 2202 feet Direction: FEL

As Drilled Latitude: 39.525271 As Drilled Longitude: -107.670284

GPS Data:

Date of Measurement: 06/03/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: 709 feet. Direction: FSL Dist.: 2032 feet. Direction: FEL

Sec: 16 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 700 feet. Direction: FSL Dist.: 2048 feet. Direction: FEL

Sec: 16 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC-56027

12. Spud Date: (when the 1st bit hit the dirt) 04/09/2011 13. Date TD: 05/13/2011 14. Date Casing Set or D&A: 05/14/2011

15. Well Classification:

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

16. Total Depth MD 7843 TVD** 7529 17 Plug Back Total Depth MD 7787 TVD** 7473

18. Elevations GR 5558 KB 5582

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 Log, CBL, Triple Combo, Temp Log

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	84#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,270	400	0	1,284	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,833	1,067	2,170	7,843	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	4,007		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,674		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,685		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured 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 KnoppingTitle: Permit Representative Date: 8/4/2011 Email: hknopping@anteroresources.com**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400191543	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400191544	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>					
400177199	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400185529	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400191492	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400191493	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400191497	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400191499	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)