

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:

400197842

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 05-045-14678-00 6. County: GARFIELD
7. Well Name: SNYDER Well Number: A13
8. Location: QtrQtr: NWNW Section: 13 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

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|--|-----------------------------|--|---|
| FORMATION: <u>COZZETTE</u> | | Status: <u>TEMPORARILY ABANDONED</u> | |
| Treatment Date: <u>07/08/2011</u> | | Date of First Production this formation: <u>01/26/2008</u> | |
| Perforations Top: <u>8387</u> | Bottom: <u>8516</u> | No. Holes: <u>33</u> | Hole size: <u>0.42</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| Test Information: | | | |
| Date: _____ | Hours: _____ | Bbls oil: _____ | Mcf Gas: _____ Bbls H2O: _____ |
| Calculated 24 hour rate: _____ | | Bbls oil: _____ | Mcf Gas: _____ Bbls H2O: _____ GOR: _____ |
| Test Method: _____ | Casing PSI: _____ | Tubing PSI: _____ | Choke Size: _____ |
| Gas Disposition: _____ | Gas Type: _____ | BTU Gas: _____ | API Gravity Oil: _____ |
| Tubing Size: _____ | Tubing Setting Depth: _____ | Tbg setting date: _____ | Packer Depth: _____ |
| Reason for Non-Production: | | | |
| <u>COZZ - T&A'd by CIBP</u> | | | |
| Date formation Abandoned: <u>07/08/2011</u> | | Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | If yes, number of sacks cmt _____ |
| Bridge Plug Depth: <u>8347</u> | | Sacks cement on top: <u>2</u> | |

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 07/08/2011 Date of First Production this formation: 01/26/2008

Perforations Top: 8662 Bottom: 8801 No. Holes: 33 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production: _____

CRCRN is T&A'd by CIBP

Date formation Abandoned: 07/08/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8347 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/17/2011 Date of First Production this formation: 01/26/2008

Perforations Top: 6180 Bottom: 7812 No. Holes: 170 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

(Recomplete) Frac'd with 38,002 bbls of 2% KCL Slickwater and 807,497 lbs 20/40 sand
WFCM Total Perfs = 86 (Original) + 84 (Recomplete) = 170

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 08/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 326 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 326 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 741 Tubing PSI: 778 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1025 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6150 Tbg setting date: 08/20/2011 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: _____ Email: hknopping@anteroresources.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

| Att Doc Num | Name |
|-------------|----------------------|
| 400197856 | WIRELINE JOB SUMMARY |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)