

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:

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:

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)