

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 07/21/2011 Date of First Production this formation: 08/22/2007

Perforations Top: 8551 Bottom: 8701 No. Holes: 148 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: 07/21/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8269 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/31/2011 Date of First Production this formation: 09/21/2007

Perforations Top: 6032 Bottom: 7712 No. Holes: 462 Hole size: 0.42

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

Frac'd with 33,904 bbls 2% KCL Slickwater and 824,525 lbs 20/40 sand
WFCM Perfs - 396 (Original) + 66 (Recomplete) = 462 Total

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/16/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1119 Bbls H2O: 409

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1119 Bbls H2O: 409 GOR: 0

Test Method: Flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1007 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6271 Tbg setting date: 08/09/2011 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 |
|-------------|----------------------|
| 400198202 | WIRELINE JOB SUMMARY |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)