



FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 03/08/2010 Date of First Production this formation: 04/19/2007

Perforations Top: 8632 Bottom: 8786 No. Holes: 220 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: 03/08/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 8455 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/09/2010 Date of First Production this formation: 04/19/2007

Perforations Top: 6159 Bottom: 7821 No. Holes: 344 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac'd with 61,398 bbls 2% KCL Slickwater and 1,225,400 lbs 20/40 sand  
Perfs - 224 (Original) + 120 (Recomplete) = 344 Total Perfs

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 05/04/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 1

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 315 Bbls H2O: 1 GOR: 0

Test Method: Flowing Casing PSI: 497 Tubing PSI: 213 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1122 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6731 Tbg setting date: 04/16/2010 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
400200387	CEMENT JOB SUMMARY

Total Attach: 1 Files

**General Comments**

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

Total: 0 comment(s)