

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



DE ET OE ES

Document Number:

400200391

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
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION
3. Address: 1625 17TH ST STE 300
City: DENVER State: CO Zip: 80202
4. Contact Name: Hannah Knopping
Phone: (303) 357-6412
Fax: (303) 357-7315

5. API Number 05-045-12394-00
6. County: GARFIELD
7. Well Name: SNYDER
Well Number: A9
8. Location: QtrQtr: NWNW Section: 13 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE	Status: PRODUCING
Treatment Date: 03/09/2010	Date of First Production this formation: 04/30/2007
Perforations Top: 8477 Bottom: 8550	No. Holes: 32 Hole size: 0.42
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
A portion of the COZZ is T&A'd from 8550'-8596'	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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:	
Upper portion of COZZ is still producing	
Date formation Abandoned: 03/09/2010 Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: 8550 Sacks cement on top: 1	

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 03/09/2010 Date of First Production this formation: _____

Perforations Top: 8718 Bottom: 8872 No. Holes: 108 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: 03/09/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8550 Sacks cement on top: 1

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/06/2010 Date of First Production this formation: 04/30/2007

Perforations Top: 6269 Bottom: 7909 No. Holes: 346 Hole size: 0.42

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

Frac'd with 56,054 bbls 2% KCL Slickwater and 1,157,855 lbs 20/40 sand
Total Perfs - 224 (Original) + 122 (Recomplete) = 346

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: _____ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 04/06/2010 Date of First Production this formation: 04/30/2007

Perforations Top: 6269 Bottom: 8550 No. Holes: 378 Hole size: 0.42

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

See individual formations for summary of formation treatment
Total Perfs - 224 (WFCM Original) + 32 (COZZ) + 122 (Recomplete) = 378

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

Test Information:

Date: 05/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 242 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 242 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 509 Tubing PSI: 170 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1105 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7094 Tbg setting date: 04/13/2010 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
400201176	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)