

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 12/21/2009 Date of First Production this formation: 05/24/2008

Perforations Top: 8634 Bottom: 8779 No. Holes: 45 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: 12/21/2009 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8338 Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/13/2010 Date of First Production this formation: 05/24/2008

Perforations Top: 6058 Bottom: 7794 No. Holes: 240 Hole size: 0.42

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

Recomplete on 1/13/10-1/15/10: Frac'd with 2756 bbls of 2%KCL & 936,420 lbs of sand.

Total Perfs 138 (Original) + 102 (Recomplete) = 240

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 546 Bbls H2O: 106

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 546 Bbls H2O: 106 GOR: 0

Test Method: Flowing Casing PSI: 1069 Tubing PSI: 495 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1180 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6890 Tbg setting date: 09/12/2010 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: _____

There are some corrections to perforation information from Original Form 5A.

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: 10/14/2011 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Name
400162839	FORM 5A SUBMITTED
400215126	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)