

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:

400218352

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: <u>10079</u>	4. Contact Name: <u>Hannah Knopping</u>
2. Name of Operator: <u>ANTERO RESOURCES PICEANCE CORPORATION</u>	Phone: <u>(303) 357-6412</u>
3. Address: <u>1625 17TH ST STE 300</u>	Fax: <u>(303) 357-7315</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-12161-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>VALLEY FARMS</u>	Well Number: <u>C2</u>
8. Location: QtrQtr: <u>SWNW</u> Section: <u>15</u> Township: <u>6S</u> Range: <u>92W</u> Meridian: <u>6</u>	
9. Field Name: <u>MAMM CREEK</u> Field Code: <u>52500</u>	

Completed Interval

FORMATION: COZZETTEStatus: TEMPORARILY ABANDONEDTreatment Date: 05/10/2011Date of First Production this formation: 11/24/2006Perforations Top: 7936 Bottom: 8042 No. Holes: 376 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:

COZZ T&A'd with CIBP. 2 CIBP's set above top COZZ/CRCRN perforation (CIBP #1 @ 7895', CIBP #2 @ 7845')

Date formation Abandoned: 05/10/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____Bridge Plug Depth: 7895 Sacks cement on top: 4FORMATION: CORCORANStatus: TEMPORARILY ABANDONEDTreatment Date: 05/10/2011Date of First Production this formation: 11/24/2006Perforations Top: 8163 Bottom: 8245 No. Holes: 376 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 T&A'd with CIBP. 2 CIBP's set above op COZZ/CRCRN perforation (CIBP #1 @ 7895', CIBP #2 @ 7845')

Date formation Abandoned: 05/10/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____Bridge Plug Depth: 7895 Sacks cement on top: 4

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 KnoppingTitle: 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)