

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



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Document Number:

400218333

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 05-045-16012-00

7. Well Name: VALLEY FARMS FEDERAL

8. Location: QtrQtr: NWSW Section: 14 Township: 6S Range: 92W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

6. County: GARFIELD

Well Number: F14

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY ABANDONED

Treatment Date: 05/08/2011 Date of First Production this formation: 09/11/2008
Perforations Top: 8134 Bottom: 8289 No. Holes: 33 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:

2 CIBP's set above top COZZ/CRCRN perforation (CIBP #1 @ 8090', CIBP #2 @ 8070')

Date formation Abandoned: 05/08/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8090 Sacks cement on top: 4

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 05/08/2011 Date of First Production this formation: 09/11/2008
Perforations Top: 8358 Bottom: 8520 No. Holes: 36 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:

2 CIBP's set above top COZZ/CRCRN perforation (CIBP #1 @ 8090', CIBP #2 @ 8070')

Date formation Abandoned: 05/08/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8090 Sacks cement on top: 4

Comment:

Correcting Bridge Plug Depth error on previously submitted Form 5A dated 5/31/2011.

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: 10/26/2011 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Name
400218333	FORM 5A SUBMITTED
400218340	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)