

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:
400218504

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: 05-045-19389-00
6. County: GARFIELD
7. Well Name: McLin
Well Number: B5
8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
Treatment Date: 08/29/2011 Date of First Production this formation: 09/06/2011
Perforations Top: 7002 Bottom: 7091 No. Holes: 20 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole:
Frac'd with 4,318 BBLS 2% KCL Slickwater, 69,600 lbs 20/40 Sand, 9,000 lbs 20/40 SLC Sand
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 - CAMEO Status: PRODUCING

Treatment Date: 08/30/2011 Date of First Production this formation: 09/06/2011

Perforations Top: 5629 Bottom: 6851 No. Holes: 130 Hole size: 0.42

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

58,558 BBLS 2% KCL Slickwater, 1,099,500 lbs 20/40 Sand, 134,500 lbs 20/40 SLC Sand

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: 08/29/2011 Date of First Production this formation: 09/06/2011

Perforations Top: 5629 Bottom: 7091 No. Holes: 150 Hole size: 0.42

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

See individual formation treatment summary

This formation is commingled with another formation: Yes No

Test Information:

Date: 09/21/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 3911 Bbls H2O: 680

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 3911 Bbls H2O: 680 GOR: 0

Test Method: Flowing Casing PSI: 1200 Tubing PSI: 1750 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1095 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6486 Tbg setting date: 09/15/2011 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

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)