

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:

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: <input type="checkbox"/>
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: <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:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: Sacks cement on top:	

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>08/30/2011</u>		Date of First Production this formation: <u>09/06/2011</u>			
Perforations	Top: <u>5629</u>	Bottom: <u>6851</u>	No. Holes: <u>130</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>58,558 BBLS 2% KCL Slickwater, 1,099,500 lbs 20/40 Sand, 134,500 lbs 20/40 SLC Sand</u>					
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: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

FORMATION: <u>WILLIAMS FORK-ILES</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>08/29/2011</u>		Date of First Production this formation: <u>09/06/2011</u>			
Perforations	Top: <u>5629</u>	Bottom: <u>7091</u>	No. Holes: <u>150</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>See individual formation treatment summary</u>					
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Test Information:					
Date: <u>09/21/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>3911</u>	Bbls H2O: <u>680</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>3911</u>	Bbls H2O: <u>680</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1200</u>	Tubing PSI: <u>1750</u>	Choke Size: <u>32/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1095</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6486</u>	Tbg setting date: <u>09/15/2011</u>	Packer Depth: _____		
Reason for Non-Production: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____		
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Hannah Knopping</u>	
Title: <u>Permit Representative</u>	Date: _____	Email <u>hknopping@anteroresources.com</u>	

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)