

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:

400218605

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

5. API Number 05-045-19639-00 6. County: GARFIELD
7. Well Name: Frei Well Number: A21
8. Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

| | | | |
|---|--------------------------------------|--|---|
| FORMATION: <u>ROLLINS</u> | | Status: <u>PRODUCING</u> | |
| Treatment Date: <u>09/06/2011</u> | | Date of First Production this formation: <u>09/17/2011</u> | |
| Perforations | Top: <u>6636</u> Bottom: <u>6692</u> | No. Holes: <u>20</u> | Hole size: <u>0.42</u> |
| Provide a brief summary of the formation treatment: | | Open Hole: <input type="checkbox"/> | |
| <u>Frac'd with 7,194 BBLS 2% KCL Slickwater, 133,500 lbs 20/40 Sand, 16,600 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: _____ | | | |
| 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: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 09/06/2011

Date of First Production this formation: 09/17/2011

Perforations Top: 5362 Bottom: 6528 No. Holes: 152 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 61,062 BBLS 2% KCL Slickwater, 908,900 lbs 30/50 Sand, 246,600 lbs 20/40 Sand, 141,300 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: 09/06/2011

Date of First Production this formation: 09/17/2011

Perforations Top: 5362 Bottom: 6692 No. Holes: 172 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: 09/30/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2892 Bbls H2O: 785

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2892 Bbls H2O: 785 GOR: 0

Test Method: Flowing Casing PSI: 1025 Tubing PSI: 1065 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1129 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6241 Tbg setting date: 09/17/2011 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: 10/27/2011 Email: hknopping@anteroresources.com

Attachment Check List

| Att Doc Num | Name |
|-------------|-------------------|
| 400218605 | FORM 5A SUBMITTED |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)