

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:
400198165

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 05-045-13872-00
6. County: GARFIELD
7. Well Name: SNYDER Well Number: A7
8. Location: QtrQtr: NWNW Section: 13 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY ABANDONED
Treatment Date: 07/06/2011 Date of First Production this formation: 09/02/2007
Perforations Top: 8304 Bottom: 8441 No. Holes: 148 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 is T&A'd by CIBP
Date formation Abandoned: 07/06/2011 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: 8255 Sacks cement on top: 4

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 07/18/2011 Date of First Production this formation: 09/02/2007

Perforations Top: 8565 Bottom: 8669 No. Holes: 148 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 is T&A'd by CIBP

Date formation Abandoned: 07/06/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8225 Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/18/2011 Date of First Production this formation: 09/02/2007

Perforations Top: 6058 Bottom: 7755 No. Holes: 358 Hole size: 0.42

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

Frac'd with 30,904 2% KCL Slickwater and 663,977 lbs 20/40 sand
WFCM Total perfs - 292 (Original) + 66 (Recomplete) = 358

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 568 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 568 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 753 Tubing PSI: 576 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1033 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6949 Tbg setting date: 08/19/2011 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: 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 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
400221079	CEMENT JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)