

FORM
5
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:

400203440

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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 05-045-20432-00 6. County: GARFIELD
 7. Well Name: Dixon Federal Well Number: B12
 8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 92W Meridian: 6
 Footage at surface: Distance: 1571 feet Direction: FSL Distance: 801 feet Direction: FWL
 As Drilled Latitude: 39.524091 As Drilled Longitude: -107.659626

GPS Data:

Date of Measurement: 09/15/2011 PDOP Reading: 1.4 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: 840 feet. Direction: FSL Dist.: 657 feet. Direction: FWL

Sec: 15 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 830 feet. Direction: FSL Dist.: 647 feet. Direction: FWL

Sec: 15 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500
 11. Federal, Indian or State Lease Number: COC15976

12. Spud Date: (when the 1st bit hit the dirt) 07/08/2011 13. Date TD: 08/28/2011 14. Date Casing Set or D&A: 08/29/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7584 TVD** 7499 17 Plug Back Total Depth MD 7531 TVD** 7446

18. Elevations GR 5513 KB 5544

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:

Mud Log, CBL, Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	55#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,068	365	0	1,094	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,575	982	2,250	7,584	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,765		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,371		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured from KB.

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	Document Name	attached ?	
<u>Attachment Checklist</u>			
400204266	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400204267	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<u>Other Attachments</u>			
400203440	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400204264	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400204265	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400211616	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400218237	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)