

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 01/07/2010 Date of First Production this formation: 06/22/2008

Perforations Top: 8536 Bottom: 8703 No. Holes: 48 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 TA'd by CIBP @ 8240'

Date formation Abandoned: 01/07/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8240 Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: TEMPORARILY ABANDONED

Treatment Date: 01/10/2010 Date of First Production this formation: 06/22/2008

Perforations Top: 6653 Bottom: 7694 No. Holes: 156 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:

WFCM is TA'd by two CIBPs @ 6610' and 6620' (set on 1/10/2010)

Date formation Abandoned: 01/10/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 6610 Sacks cement on top: _____

Comment:

This is a "historical" Form 5A.

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
400225653	CEMENT JOB SUMMARY
400225654	CEMENT JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)