

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



DE ET OE ES

Document Number:

400223879

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 05-045-15167-00
6. County: GARFIELD
7. Well Name: NORCROSS
Well Number: A15
8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE	Status: PRODUCING
Treatment Date: 09/09/2011	Date of First Production this formation: 06/04/2008
Perforations Top: 8350 Bottom: 8373	No. Holes: 6 Hole size: 0.42
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
A portion of the COZZ is T&A'd from 8445' - 8552'	
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:	
Upper portion of COZZ is still producing	
Date formation Abandoned: 09/09/2011 Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt
Bridge Plug Depth: 8445 Sacks cement on top: 4	

FORMATION: <u>CORCORAN</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>09/09/2011</u>		Date of First Production this formation: <u>06/04/2008</u>			
Perforations	Top: <u>8621</u>	Bottom: <u>8708</u>	No. Holes: <u>39</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" 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; padding: 2px;">CRCRN is T&A'd by CIBP</div>					
Date formation Abandoned: <u>09/09/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>8445</u>		Sacks cement on top: <u>4</u>			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>05/24/2008</u>		Date of First Production this formation: <u>06/04/2008</u>			
Perforations	Top: <u>6821</u>	Bottom: <u>7768</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"/>		
<div style="border: 1px solid black; padding: 2px;">(Original Frac) - Frac'd with 33,673 bbls of 2% KCL & 754,400 lbs 20/40 sand</div>					
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;"></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: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 09/09/2011 Date of First Production this formation: 06/04/2008

Perforations Top: 6821 Bottom: 8373 No. Holes: 156 Hole size: 0.42

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

See individual formations for summary of formation treatment. Original Perfs - 6 (COZZ Open) + 150 (WFCM Open) = 156

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 09/18/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 294 Bbls H2O: 19

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 294 Bbls H2O: 19 GOR: 0

Test Method: Flowing Casing PSI: 678 Tubing PSI: 511 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1073 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7555 Tbg setting date: 09/11/2011 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: _____ 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
400223962	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)