

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:

400232069

## 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 05-045-20429-00  
6. County: GARFIELD  
7. Well Name: Dixon Federal Well Number: B15  
8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 92W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

### Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
Treatment Date: 10/24/2011 Date of First Production this formation: 11/07/2011  
Perforations Top: 5886 Bottom: 7601 No. Holes: 210 Hole size: 0.42  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
Frac'd with 96,424 bbls 2% KCL Slickwater, 1,839,300 lbs 20/40 sand and 219,900 20/40 SLC sand  
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 11/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2570 Bbls H2O: 1168  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 2570 Bbls H2O: 1168 GOR: 0  
Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1925 Choke Size: 32/64  
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1118 API Gravity Oil: 0  
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7155 Tbg setting date: 11/10/2011 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

Total Attach: 0 Files

**General Comments**

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

Total: 0 comment(s)