

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:
400234018

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 05-045-20428-00
6. County: GARFIELD
7. Well Name: Dixon Federal Well Number: B11
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: 11/25/2011 Date of First Production this formation: 12/09/2011
Perforations Top: 5624 Bottom: 7337 No. Holes: 234 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole:
Frac'd with 93,463 bbls 2% Slickwater, 1,715,000 lbs 20/40 sand and 216,500 lbs 20/40 SLC sand.
This formation is commingled with another formation: Yes No
Test Information:
Date: 12/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2081 Bbls H2O: 981
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2081 Bbls H2O: 981 GOR: 0
Test Method: Flowing Casing PSI: 875 Tubing PSI: 1525 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1129 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 6917 Tbg setting date: 12/07/2011 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)