

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:
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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 05-045-20425-00
6. County: GARFIELD
7. Well Name: Dixon Federal Well Number: B16
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: 11/26/2011 Date of First Production this formation: 12/09/2011
Perforations Top: 5846 Bottom: 7664 No. Holes: 202 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole:
Frac'd with 95,582 bbls 2% KCL Slickwater, 1,823,200 lbs 20/40 sand and 222,100 lbs 20/40 SLC sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 12/20/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2936 Bbls H2O: 1350
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2936 Bbls H2O: 1350 GOR: 0
Test Method: Flowing Casing PSI: 1100 Tubing PSI: 1975 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1106 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7215 Tbg setting date: 12/15/2011 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

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