

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:

400223569

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 05-045-15175-00  
6. County: GARFIELD  
7. Well Name: NORCROSS  
Well Number: A7  
8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 93W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>09/02/2011</u>		Date of First Production this formation: <u>06/06/2008</u>	
Perforations	Top: <u>8349</u> Bottom: <u>8373</u>	No. Holes: <u>12</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<u>A portion of the COZZ is T&amp;A'd from 8440' to 8545'</u>			
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Test Information:</b>			
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: _____			
<u>Upper portion of COZZ is still producing</u>			
Date formation Abandoned: <u>09/02/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8440</u>	Sacks cement on top: <u>2</u>		

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 09/02/2011 Date of First Production this formation: 06/06/2008  
Perforations Top: 8616 Bottom: 8768 No. Holes: 39 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 T&A'd by CIBP

Date formation Abandoned: 09/02/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 8440 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 05/27/2008 Date of First Production this formation: 06/06/2008  
Perforations Top: 6695 Bottom: 7792 No. Holes: 186 Hole size: 0.42

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

(Original frac) - Frac'd with 32,435 bbls of 2% KCL, 86,200 lbs 30/50 sand & 609,900 lbs 20/40 sand

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:

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: WILLIAMS FORK-ILES

Status: COMMINGLED

Treatment Date: 09/02/2011

Date of First Production this formation: 06/06/2008

Perforations Top: 6695 Bottom: 8373 No. Holes: 198 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

See individual formations for summary of formation treatment. Original Perfs - 12 (COZZ Open) + 186 (WFCM Open) = 198

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 09/19/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 294 Bbls H2O: 25

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 294 Bbls H2O: 25 GOR: 0

Test Method: Flowing Casing PSI: 1006 Tubing PSI: 670 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1018 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7472 Tbg setting date: 09/03/2011 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: 12/28/2011 Email: hknopping@anteroresources.com

**Attachment Check List**

Att Doc Num	Name
400223569	FORM 5A SUBMITTED
400223571	WIRELINE JOB SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)