

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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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.

Document Number:

400238105

1. OGCC Operator Number: 10079 4. Contact Name: Hannah Knopping
 2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION Phone: (303) 357-6412
 3. Address: 1625 17TH ST STE 300 Fax: (303) 357-7315
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-19377-00 6. County: GARFIELD
 7. Well Name: McLin Well Number: B3
 8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6
 9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: <u>ROLLINS</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>11/05/2011</u>		Date of First Production this formation: <u>11/12/2011</u>	
Perforations Top: <u>7074</u>	Bottom: <u>7163</u>	No. Holes: <u>24</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
RLNS - Frac'd with 57,800 bbls 2% KCL Slickwater, 526,400 lbs 30/50 sand, 530,900 lbs 20/40 sand and 133,900 20/40 SLC sand			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: _____	Hours: _____	Bbls oil: _____	Mcf Gas: _____
Calculated 24 hour rate:		Bbls oil: _____	Mcf Gas: _____
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: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: _____		Sacks cement on top: _____	

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/05/2011 Date of First Production this formation: 11/12/2011

Perforations Top: 5903 Bottom: 6969 No. Holes: 120 Hole size: 0.42

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

WFCM - Frac'd with 57,800 bbls 2% KCL Slickwater, 526,400 lbs 30/50 sand, 530,900 lbs 20/40 sand and 133,900 20/40 SLC 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: 11/05/2011 Date of First Production this formation: 11/12/2011

Perforations Top: 5903 Bottom: 7163 No. Holes: 144 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: 11/24/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1803 Bbls H2O: 625

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1803 Bbls H2O: 625 GOR: 0

Test Method: Flowing Casing PSI: 625 Tubing PSI: 1350 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1094 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6557 Tbg setting date: 11/14/2011 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.

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)