

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:

400238113

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 05-045-19379-00 6. County: GARFIELD
 7. Well Name: McLin Well Number: B7
 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>11/06/2011</u>		Date of First Production this formation: <u>11/12/2011</u>	
Perforations Top: <u>6957</u>	Bottom: <u>7017</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 65,172 2% KCL Slickwater, 688,000 30/50 lbs sand, 556,000 lbs 20/40 sand 141,400 lbs 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: 11/06/2011 Date of First Production this formation: 11/12/2011

Perforations Top: 5579 Bottom: 6854 No. Holes: 144 Hole size: 0.42

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

WFCM - Frac'd with 65,172 2% KCL Slickwater, 688,000 30/50 lbs sand, 556,000 lbs 20/40 sand 141,400 lbs 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: 11/06/2011 Date of First Production this formation: 11/12/2011

Perforations Top: 5579 Bottom: 7017 No. Holes: 168 Hole size: 0.42

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

See individual formation treatment summary

This formation is commingled with another formation: ☒ Yes ☐ No

Test Information:

Date: 11/25/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 2011 Bbls H2O: 690

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 2011 Bbls H2O: 690 GOR: 0

Test Method: Flowing Casing PSI: 725 Tubing PSI: 1350 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1152 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6485 Tbg setting date: 11/16/2011 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>

Total: 0 comment(s)