

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:

400238114

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 05-045-19641-00 6. County: GARFIELD
 7. Well Name: Frei Well Number: A9
 8. Location: QtrQtr: Lot 10 Section: 7 Township: 6S Range: 91W Meridian: 6
 9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 11/15/2011 Date of First Production this formation: 11/24/2011
 Perforations Top: 6736 Bottom: 6798 No. Holes: 24 Hole size: 0.42

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

RLNS- Frac'd with 71,523 bbls 2% KCL Slickwater, 502,200 lbs 30/50 sand, 806,400 lbs 20/40 sand and 138,700 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 - CAMEOStatus: PRODUCINGTreatment Date: 11/15/2011Date of First Production this formation: 11/24/2011Perforations Top: 5477 Bottom: 6628 No. Holes: 182 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

WFCM- Frac'd with 71,523 bbls 2% KCL Slickwater, 502,200 lbs 30/50 sand, 806,400 lbs 20/40 sand and 138,700 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-ILESStatus: COMMINGLEDTreatment Date: 11/15/2011Date of First Production this formation: 11/24/2011Perforations Top: 5477 Bottom: 6798 No. Holes: 206 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: 12/14/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1355 Bbls H2O: 780Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1355 Bbls H2O: 780 GOR: 0Test Method: Flowing Casing PSI: 1050 Tubing PSI: 575 Choke Size: 32/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1114 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6263 Tbg setting date: 11/26/2011 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 KnoppingTitle: 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

User Group **Comment** **Comment Date**

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Total: 0 comment(s)