

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



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Document Number:

400238105

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 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: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: ROLLINS Status: PRODUCING
 Treatment Date: 11/05/2011 Date of First Production this formation: 11/12/2011
 Perforations Top: 7074 Bottom: 7163 No. Holes: 24 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
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: 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 - 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: 1/13/2012 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Name
400238105	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	req'd WBD	1/17/2012 1:31:25 PM

Total: 1 comment(s)