

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:

400238748

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 05-045-19640-00 6. County: GARFIELD
7. Well Name: Frei Well Number: A11
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: 11/14/2011 Date of First Production this formation: 11/26/2011
Perforations Top: 6897 Bottom: 6927 No. Holes: 24 Hole size: 0.42

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

RLNS - Frac'd with 66,101 bbls 2% KCL Slickwater, 618,400 lbs 30/50 sand, 575,400 lbs 20/40 sand and 144,800 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 - CAMEO

Status: PRODUCING

Treatment Date: 11/14/2011

Date of First Production this formation: 11/26/2011

Perforations Top: 5663 Bottom: 6806 No. Holes: 160 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

WFCM - Frac'd with 66,101 bbls 2% KCL Slickwater, 618,400 lbs 30/50 sand, 575,400 lbs 20/40 sand and 144,800 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: 11/14/2011

Date of First Production this formation: 11/26/2011

Perforations Top: 5663 Bottom: 6927 No. Holes: 184 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: 12/15/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 1349 Bbls H2O: 665

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1349 Bbls H2O: 665 GOR: 0

Test Method: Flowing Casing PSI: 575 Tubing PSI: 1175 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1138 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6398 Tbg setting date: 11/29/2011 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
400238748	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 1:37:01 PM

Total: 1 comment(s)