

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:

400238113

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 05-045-19379-00	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: MAMM CREEK	Field Code: 52500

Completed Interval

FORMATION: ROLLINS	Status: PRODUCING
Treatment Date: 11/06/2011	Date of First Production this formation: 11/12/2011
Perforations Top: 6957 Bottom: 7017	No. Holes: 24 Hole size: 0.42
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: _____ 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: <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: 1/13/2012 Email: hknopping@anteroresources.com

### Attachment Check List

Att Doc Num	Name
400238113	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 1:33:13 PM

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