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Document Number:  
 400232633

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary 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 05-045-19590-00 6. County: GARFIELD  
 7. Well Name: Valley Farms Well Number: I7  
 8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 2471 feet Direction: FSL Distance: 1806 feet Direction: FWL  
 As Drilled Latitude: 39.526689 As Drilled Longitude: -107.618648

GPS Data:  
 Date of Measurement: 12/14/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Scott E. Aibner

\*\* If directional footage at Top of Prod. Zone Dist.: 1683 feet. Direction: FNL Dist.: 799 feet. Direction: FWL  
 Sec: 13 Twp: 6S Rng: 92W  
 \*\* If directional footage at Bottom Hole Dist.: 1679 feet. Direction: FNL Dist.: 795 feet. Direction: FWL  
 Sec: 13 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 09/26/2011 13. Date TD: 11/08/2011 14. Date Casing Set or D&A: 11/11/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7722 TVD\*\* 7281 17 Plug Back Total Depth MD 7667 TVD\*\* 7226

18. Elevations GR 5655 KB 5679 One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
 CBL, Mud Log, Temp, Triple Combo

20. Casing, Liner and Cement:

**CASING**

| Casing Type | Size of Hole | Size of Casing | Wt/Ft | Csg/Liner Top | Setting Depth | Sacks Cmt | Cmt Top | Cmt Bot | Status |
|-------------|--------------|----------------|-------|---------------|---------------|-----------|---------|---------|--------|
| CONDUCTOR   | 24           | 16             | 55#   | 0             | 130           | 177       | 0       | 130     | CALC   |
| SURF        | 12+1/4       | 8+5/8          | 32#   | 0             | 1,059         | 1,084     | 375     | 1,084   | CALC   |
| 1ST         | 7+7/8        | 4+1/2          | 11.6# | 0             | 7,713         | 1,003     | 2,750   | 7,722   | CBL    |

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

|             |        |                                   |               |            |               |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/pref depth | Cement volume | Cement top | Cement bottom |
|             |        |                                   |               |            |               |

Details of work:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

| FORMATION NAME | Measured Depth |        | Check if applies         |                          | COMMENTS (All DST and Core Analyses must be submitted to COGCC) |
|----------------|----------------|--------|--------------------------|--------------------------|---|
|                | Top            | Bottom | DST                      | Cored                    |   |
| WILLIAMS FORK  | 3,881          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |
| ROLLINS        | 7,532          |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

All casing depths are measured from KB.

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: 1/20/2012 Email: hknopping@anteroresources.com

**Attachment Check List**

| Att Doc Num                        | Document Name          | attached ?                              |  |
|------------------------------------|------------------------|---|--|
| <b><u>Attachment Checklist</u></b> |                        |   |  |
| 400232876                          | CMT Summary *          | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Core Analysis          | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| 400232880                          | Directional Survey **  | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | DST Analysis           | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
|                                    | Logs                   | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
|                                    | Other                  | Yes <input type="checkbox"/>            | No <input checked="" type="checkbox"/> |
| <b><u>Other Attachments</u></b>    |                        |   |  |
| 400232633                          | FORM 5 SUBMITTED       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400233131                          | LAS-MUD                | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400233132                          | LAS-TEMPERATURE        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400233133                          | LAS-TRIPLE COMBINATION | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400233134                          | LAS-CEMENT BOND        | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400243687                          | DIRECTIONAL DATA       | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |
| 400243688                          | WELL LOCATION PLAT     | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/>            |

**General Comments**

| User Group | Comment  | Comment Date             |
|------------|--|--------------------------|
| Permit     | off hold; paper logs 1/25/12 TEMP 2447197 CBL 2447196 CTC/QL 2447195 CAS<br>11/17/11 MUD 2445125 in scanning | 2/6/2012 2:18:49 PM      |
| Permit     | on hold pending receipt of paper logs  | 1/24/2012<br>10:46:26 AM |

Total: 2 comment(s)