

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400242843

## 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: Shauna Redican

2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION

Phone: (303) 357-6820

3. Address: 1625 17TH ST STE 300

Fax: (303) 357-7315

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20117-00

6. County: GARFIELD

7. Well Name: McLin

Well Number: C16

8. Location: QtrQtr: NESE Section: 13 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1851 feet Direction: FSL Distance: 217 feet Direction: FEL

As Drilled Latitude: 39.525118 As Drilled Longitude: -107.607122

## GPS Data:

Data of Measurement: 01/05/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Scott E. Aibner

\*\* If directional footage at Top of Prod. Zone Dist.: 1087 feet. Direction: FSL Dist.: 1008 feet. Direction: FEL

Sec: 13 Twp: 6S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1116 feet. Direction: FSL Dist.: 1009 feet. Direction: FEL

Sec: 13 Twp: 6S Rng: 92W

9. Field Name: KOKOPELLI

10. Field Number: 47525

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 10/30/2011 13. Date TD: 12/06/2011 14. Date Casing Set or D&amp;A: 12/06/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7414 TVD\*\* 7242 17 Plug Back Total Depth MD 7361 TVD\*\* 7189

18. Elevations GR 5726 KB 5750

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 and 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	60	177	0	60	CALC
SURF	12+1/4	8+5/8	32#	0	1,065	365	0	1,084	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,405	1,077	1,700	7,414	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	3,470		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,159		<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: Shauna Redican

Title: Permit Representative Date: 2/1/2012 Email: sredican@anteroresources.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400242882	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400242892	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"/>
<u>Other Attachments</u>					
400242843	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400242898	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400242902	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400242903	LAS-TEMPERATURE	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400242908	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400245078	DIRECTIONAL DATA	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400247032	WELL LOCATION PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	off hold; paper logs 2/6/12 TEMP 2447541 CTC/QL 2447540 CBL 2447542 CAS 12/15/11 MUD 2445725 in scanning.	2/6/2012 2:27:06 PM
Permit	on hold pending receipt of paper logs.	2/2/2012 11:23:17 AM

Total: 2 comment(s)