

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:

400253926

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: 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 05-045-19494-00 6. County: GARFIELD
7. Well Name: Valley Farms Well Number: I6
8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/12/2012</u>	Date of First Production this formation: <u>01/23/2012</u>
Perforations Top: <u>7250</u> Bottom: <u>7277</u>	No. Holes: <u>26</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>RLNS - Frac'd with 90,079 bbls 2% KCL Slickwater, 1,708,300 lbs 20/40 sand and 204,500 lbs 20/40 SLC sand</u>	
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: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>01/13/2012</u>		Date of First Production this formation: <u>01/23/2012</u>			
Perforations	Top: <u>5635</u>	Bottom: <u>7154</u>	No. Holes: <u>182</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>WFCM - Frac'd with 90,079 bbls 2% KCL Slickwater, 1,708,300 lbs 20/40 sand and 204,500 lbs 20/40 SLC sand</u>					
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: <u>WILLIAMS FORK-ILES</u>				Status: <u>COMMINGLED</u>	
Treatment Date: <u>01/12/2012</u>		Date of First Production this formation: <u>01/23/2012</u>			
Perforations	Top: <u>5635</u>	Bottom: <u>7277</u>	No. Holes: <u>208</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<u>See individual formation treatment</u>					
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Test Information:					
Date: <u>02/12/2012</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>1361</u>	Bbls H2O: <u>614</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>1361</u>	Bbls H2O: <u>614</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>50</u>	Tubing PSI: <u>1275</u>	Choke Size: <u>32/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1153</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6869</u>	Tbg setting date: <u>01/27/2012</u>	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: _____					

Comment: _____
No wellbore diagram is available for the well at this time

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: _____ Email: sredican@anteroresources.com
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Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)