

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:

400253952

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 05-045-19493-00 6. County: GARFIELD
7. Well Name: Valley Farms Well Number: I12
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>01/13/2012</u>	Date of First Production this formation: <u>01/25/2012</u>
Perforations Top: <u>7168</u> Bottom: <u>7202</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 89,370 bbls 2% KCL Slickwater, 1,711,600 lbs 20/40 sand and 221,500 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: WILLIAMS FORK - CAMEOStatus: PRODUCING

Treatment Date: _____

Date of First Production this formation: 01/25/2012Perforations Top: 5646 Bottom: 7066 No. Holes: 182 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐WFCM - Frac'd with 89,370 bbls 2% KCL Slickwater, 1,711,600 lbs 20/40 sand and 221,500 lbs 20/40 SLC sandThis 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-ILESStatus: COMMINGLEDTreatment Date: 01/13/2012Date of First Production this formation: 01/25/2012Perforations Top: 5646 Bottom: 7202 No. Holes: 208 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐See individual summary treatmentsThis formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**Date: 02/14/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1152 Bbls H2O: 588Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 1152 Bbls H2O: 588 GOR: 0Test Method: Flowing Casing PSI: 625 Tubing PSI: 1300 Choke Size: 32/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1162 API Gravity Oil: 0Tubing Size: 2 + 3/8 Tubing Setting Depth: 6808 Tbg setting date: 01/24/2012 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:

No wellbore diagram available

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____

Print Name: Shauna RedicanTitle: Permit Representative Date: _____ Email: sredican@anteroresources.com

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)