

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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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 05-045-19905-00 6. County: GARFIELD  
 7. Well Name: Three Siblings Well Number: A1  
 8. Location: QtrQtr: SENW Section: 2 Township: 6S Range: 92W Meridian: 6  
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING  
 Treatment Date: 11/05/2010 Date of First Production this formation: 11/13/2010  
 Perforations Top: 6124 Bottom: 6930 No. Holes: 126 Hole size: 0.42  
 Provide a brief summary of the formation treatment: Open Hole:   
Frac'd with 37,788 bbls of 2% KCL slickwater, 211,700 lbs 30/50 sand, 492,300 lbs 20/40 sand, and 83,100 lbs of 20/40 SLC sand  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 11/18/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 993 Bbls H2O: 744  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 993 Bbls H2O: 744 GOR: 0  
 Test Method: Flowing Casing PSI: 300 Tubing PSI: 1100 Choke Size: 48/64  
 Gas Disposition: FLARED Gas Type: WET BTU Gas: 0 API Gravity Oil: 0  
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6073 Tbg setting date: 11/11/2010 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:  
This well flared gas from November 13, 2010 - January 22, 2011. There were no gas sales for this well. There is 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 Redican  
Title: Permit Representative Date: \_\_\_\_\_ Email: sredican@anteroresources.com

### 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)