

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:

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Date Received:

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
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION
3. Address: 1625 17TH ST STE 300
City: DENVER State: CO Zip: 80202
4. Contact Name: Shauna Redican
Phone: (303) 357-6820
Fax: (303) 357-7315

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: <u>WILLIAMS FORK - CAMEO</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/05/2010</u>	Date of First Production this formation: <u>11/13/2010</u>
Perforations Top: <u>6124</u> Bottom: <u>6930</u>	No. Holes: <u>126</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>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</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>11/18/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>993</u> Bbls H2O: <u>744</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>993</u> Bbls H2O: <u>744</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>300</u> Tubing PSI: <u>1100</u> Choke Size: <u>48/64</u>	
Gas Disposition: <u>FLARED</u> Gas Type: <u>WET</u> BTU Gas: <u>0</u> API Gravity Oil: <u>0</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>6073</u> Tbg setting date: <u>11/11/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

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)