

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:

400266736

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 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 05-045-13937-00 6. County: GARFIELD  
 7. Well Name: ROBINSON Well Number: A5  
 8. Location: QtrQtr: SWSW Section: 8 Township: 6S Range: 92W Meridian: 6  
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY ABANDONED  
 Treatment Date: 02/02/2012 Date of First Production this formation: 02/16/2008  
 Perforations Top: 8198 Bottom: 8384 No. Holes: 54 Hole size: 0.42  
 Provide a brief summary of the formation treatment: Open Hole:   
 This 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:  
COZZ is TA'd by CIBP  
 Date formation Abandoned: 02/02/2012 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
 Bridge Plug Depth: 8158 Sacks cement on top: 4

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 02/02/2012 Date of First Production this formation: 02/16/2008

Perforations Top: 8456 Bottom: 8611 No. Holes: 54 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

This 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: \_\_\_\_\_

CRCRN is TA'd by CIBP

Date formation Abandoned: 02/02/2012 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 8158 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 02/06/2008 Date of First Production this formation: 02/16/2008

Perforations Top: 6625 Bottom: 7616 No. Holes: 162 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

(ORIGINAL FRAC) Frac'd with 29,047 bbls 2% KCL Slickwater and 614,000 lbs 30/50 sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 02/24/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 216 Bbls H2O: 18

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 216 Bbls H2O: 18 GOR: 0

Test Method: Flowing Casing PSI: 0 Tubing PSI: 0 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1040 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7331 Tbg setting date: 02/13/2012 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: \_\_\_\_\_

Date of first production has been corrected. 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
400266737	WIRELINE JOB SUMMARY

Total Attach: 1 Files

#### General Comments

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

Total: 0 comment(s)