

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400266901

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 05-045-13619-00

6. County: GARFIELD

7. Well Name: NORTH BANK

Well Number: C6

8. Location: QtrQtr: NESW Section: 12 Township: 6S Range: 93W Meridian: 6

9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE

Status: TEMPORARILY ABANDONED

Treatment Date: 01/26/2012

Date of First Production this formation: 01/26/2008

Perforations Top: 8597 Bottom: 8719 No. Holes: 30 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: 01/26/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt

Bridge Plug Depth: 8557 Sacks cement on top: 4

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 01/26/2012 Date of First Production this formation: 01/26/2008

Perforations Top: 8860 Bottom: 9010 No. Holes: 30 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: 01/26/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8557 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/15/2008 Date of First Production this formation: 01/26/2008

Perforations Top: 7000 Bottom: 8042 No. Holes: 109 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

(ORIGINAL FRAC) - Frac'd with 28,183 bbls 2% KCL Slickwater, 371,000 lbs 30/50 sand and 264,800 lbs 20/40 sand

This formation is commingled with another formation: ☐ Yes ☒ No

Test Information:

Date: 02/08/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 121 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 121 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 731 Tubing PSI: 959 Choke Size: 20/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1005 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7340 Tbg setting date: 01/27/2012 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:

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
400266904	WIRELINER JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)