

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 12/12/2011 Date of First Production this formation: 10/18/2007
Perforations Top: 8619 Bottom: 8717 No. Holes: 152 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: 12/12/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8315 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 10/10/2007 Date of First Production this formation: 10/18/2007
Perforations Top: 6987 Bottom: 7766 No. Holes: 242 Hole size: 0.42

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

WFCM (Original frac) - Frac'd with 24,404 bbls of 2% KCL, and 520,200 lbs 30/50 sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/08/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 106 Bbls H2O: 73

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 106 Bbls H2O: 73 GOR: 0

Test Method: Flowing Casing PSI: 424 Tubing PSI: 536 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1034 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7597 Tbg setting date: 12/12/2011 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:

The date of First Production for this well 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 |
|-------------|----------------------|
| 400250605 | WIRELINE JOB SUMMARY |

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)