

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:

400251202

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 05-045-14109-00 6. County: GARFIELD
7. Well Name: VALLEY FARMS Well Number: D13
8. Location: QtrQtr: NENW Section: 15 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>01/03/2012</u>	Date of First Production this formation: <u>07/13/2007</u>
Perforations Top: <u>8268</u> Bottom: <u>8369</u>	No. Holes: <u>228</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: _____ Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____	
<u>COZZ is TA'a by CIBP</u>	
Date formation Abandoned: <u>01/03/2012</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8228</u>	Sacks cement on top: <u>4</u>

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 01/03/2012 Date of First Production this formation: 07/13/2007

Perforations Top: 8504 Bottom: 8644 No. Holes: 228 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: 01/03/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8228 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 07/06/2007 Date of First Production this formation: 07/13/2007

Perforations Top: 6866 Bottom: 7717 No. Holes: 526 Hole size: 0.42

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

WFCM (Original Frac) - Frac'd with 29,617 bbls of 2% KCL, 842,650 lbs 20/40 sand

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

Test Information:

Date: 01/22/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 78 Bbls H2O: 8

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 78 Bbls H2O: 8 GOR: 0

Test Method: Flowing Casing PSI: 902 Tubing PSI: 1043 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1062 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7454 Tbg setting date: 01/03/2012 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
400251207	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)