

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 12/07/2011 Date of First Production this formation: 09/30/2007

Perforations Top: 8545 Bottom: 8695 No. Holes: 144 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: 12/07/2011 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8252 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 08/29/2007 Date of First Production this formation: 09/30/2007

Perforations Top: 6705 Bottom: 7700 No. Holes: 400 Hole size: 0.42

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

WFCM (Original Frac) - Frac'd with 38,299 bbls of 2% KCL, 497,300 lbs 30/50 sand and 362,700 lbs 20/40 sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 01/12/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 96 Bbls H2O: 136

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 96 Bbls H2O: 136 GOR: 0

Test Method: Flowing Casing PSI: 115 Tubing PSI: 624 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1025 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7433 Tbg setting date: 12/07/2011 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: _____

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
400251214	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)