

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:

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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 05-045-20140-00 6. County: GARFIELD  
7. Well Name: McLin Well Number: C18  
8. Location: QtrQtr: NESE Section: 13 Township: 6S Range: 92W Meridian: 6  
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 01/28/2012 Date of First Production this formation: 02/15/2012

Perforations Top: 7332 Bottom: 7358 No. Holes: 26 Hole size: 0.42

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

Frac'd with 88,819 bbls 2% KCL Slickwater, 1,701,600 lbs 20/40 sand and 206,600 lbs 20/40 SLC sand.

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:

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

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: WILLIAMS FORK - CAMEO

Status: PRODUCING

Treatment Date: 01/29/2012

Date of First Production this formation: 02/15/2012

Perforations Top: 5832 Bottom: 7227 No. Holes: 182 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 88,819 bbls 2% KCL Slickwater, 1,701,600 lbs 20/40 sand and 206,600 lbs 20/40 SLC sand.

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:

Date formation Abandoned: Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: WILLIAMS FORK-ILES

Status: COMMINGLED

Treatment Date: 01/28/2012

Date of First Production this formation: 02/15/2012

Perforations Top: 5832 Bottom: 7358 No. Holes: 208 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

See individual formations for treatment summary

This formation is commingled with another formation: ☐ Yes ☒ No**Test Information:**

Date: 02/28/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1310 Bbls H2O: 620

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1310 Bbls H2O: 620 GOR: 0

Test Method: Flowing Casing PSI: 500 Tubing PSI: 1050 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1150 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6952 Tbg setting date: 02/18/2012 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:

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

Total Attach: 0 Files

### General Comments

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

Total: 0 comment(s)