

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
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION
3. Address: 1625 17TH ST STE 300
City: DENVER State: CO Zip: 80202
4. Contact Name: Shauna Redican
Phone: (303) 357-6820
Fax: (303) 357-7315

5. API Number 05-045-20117-00
6. County: GARFIELD
7. Well Name: McLin Well Number: C16
8. Location: QtrQtr: NESE Section: 13 Township: 6S Range: 92W Meridian: 6
9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>01/27/2012</u>	Date of First Production this formation: <u>02/16/2012</u>
Perforations Top: <u>7226</u> Bottom: <u>7251</u>	No. Holes: <u>26</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment: <u>Open Hole: <input type="checkbox"/></u>	
<u>Frac'd with 111,164 bbls 2% KCL Slickwater, 2,140,400 lbs 20/40 sand and 250,200 lbs 20/40 SLC sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input 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: _____	
Date formation Abandoned: _____ Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> 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: 02/16/2012

Perforations Top: 5202 Bottom: 7116 No. Holes: 234 Hole size: 0.42

Provide a brief summary of the formation treatment:

Open Hole: ☐

Frac'd with 111,164 bbls 2% KCL Slickwater, 2,140,400 lbs 20/40 sand and 250,200 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: 01/27/2012

Date of First Production this formation: 02/16/2012

Perforations Top: 5202 Bottom: 7251 No. Holes: 260 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: 03/03/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 1402 Bbls H2O: 615

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1402 Bbls H2O: 615 GOR: 0

Test Method: FLOWING Casing PSI: 600 Tubing PSI: 1200 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1162 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6714 Tbg setting date: 02/17/2012 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)