

FORM  
5

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



DE ET OE ES

Document Number:

400261686

Date Received:

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type  Final completion  Preliminary 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 05-045-13818-00  
6. County: GARFIELD  
7. Well Name: DIXON FED CA  
Well Number: B2  
8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 92W Meridian: 6  
Footage at surface: Distance: 1588 feet Direction: FSL Distance: 733 feet Direction: FWL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:  
Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: 1894 feet. Direction: FSL Dist.: 1185 feet. Direction: FWL  
Sec: 15 Twp: 6S Rng: 92W  
\*\* If directional footage at Bottom Hole Dist.: 1888 feet. Direction: FSL Dist.: 1172 feet. Direction: FWL  
Sec: 15 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/16/2011 13. Date TD: 02/08/2012 14. Date Casing Set or D&A: 02/09/2012

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7582 TVD\*\* 7537 17 Plug Back Total Depth MD 7524 TVD\*\* 7479

18. Elevations GR 5513 KB 5537  
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:  
Temp log, CBL, Mud

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	55#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,066	365	0	1,066	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,572	998	2,050	7,572	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,687		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,397		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured from KB. As Drilled Plat and Lat/Long SHL location will be submitted with the final completion report.

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	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400262106	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400262107	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400262103	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400262104	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400262105	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400262108	DIRECTIONAL DATA	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)