

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:

400264435

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 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 05-045-20427-00 6. County: GARFIELD  
 7. Well Name: DIXON FED CA Well Number: B14  
 8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 1583 feet Direction: FSL Distance: 752 feet Direction: FWL  
 As Drilled Latitude: \_\_\_\_\_ As Drilled Longitude: \_\_\_\_\_

### GPS Data:

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

\*\* If directional footage at Top of Prod. Zone Dist.: 805 feet. Direction: FSL Dist.: 2379 feet. Direction: FEL  
 Sec: 15 Twp: 6S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 813 feet. Direction: FSL Dist.: 2385 feet. Direction: FEL  
 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) 07/11/2011 13. Date TD: 02/17/2012 14. Date Casing Set or D&A: 02/18/2012

### 15. Well Classification:

Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 8138 TVD\*\* 7447 17 Plug Back Total Depth MD 8080 TVD\*\* 7389

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, Mud Log, CBL

### 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	1,027	365	0	1,027	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,080	1,095	2,076	8,138	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	3,973		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,960		<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>			
400264480	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400264481	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>			
400264477	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264478	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264479	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400264482	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)