

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

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Table with 4 columns: DE, ET, OE, ES

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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 05-045-14666-00
6. County: GARFIELD
7. Well Name: ROBINSON
Well Number: C5
8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: TEMPORARILY ABANDONED
Treatment Date: 06/10/2008 Date of First Production this formation: 06/20/2008
Perforations Top: 6672 Bottom: 7645 No. Holes: 159 Hole size: 0.42
Provide a brief summary of the formation treatment: WFCM (Original Frac) - Frac'd with 31,777 bbls of 2% KCL, & 662,400 lbs 30/50 Sand
This formation is commingled with another formation: [X] 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: CICR set at 6602' (TA'd WFCM)
Date formation Abandoned: 11/15/2011 Squeeze: [] Yes [X] No If yes, number of sacks cmt
Bridge Plug Depth: 6602 Sacks cement on top: 4

Comment: Since the cast iron cement retainer was set through the casing, there is no wireline ticket available. See attached wellbore diagram for more information.

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
400278277	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)