

FORM
5A
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:
400283743

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: <u>10079</u>	4. Contact Name: <u>Shauna Redican</u>
2. Name of Operator: <u>ANTERO RESOURCES PICEANCE CORPORATION</u>	Phone: <u>(303) 357-6820</u>
3. Address: <u>1625 17TH ST STE 300</u>	Fax: <u>(303) 357-7315</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	

5. API Number <u>05-045-19732-00</u>	6. County: <u>GARFIELD</u>
7. Well Name: <u>Maves</u>	Well Number: <u>A1</u>
8. Location: QtrQtr: <u>NENW</u> Section: <u>6</u> Township: <u>6S</u> Range: <u>91W</u> Meridian: <u>6</u>	
9. Field Name: <u>WILDCAT</u> Field Code: <u>99999</u>	

Completed Interval

FORMATION: ROLLINS Status: TEMPORARILY ABANDONED

Treatment Date: 09/17/2010 Date of First Production this formation: _____
Perforations Top: 5410 Bottom: 5493 No. Holes: 22 Hole size: 0.42

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

NONE

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:

TA'd formation with CIBP

Date formation Abandoned: 09/21/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 5380 Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: TEMPORARILY ABANDONED

Treatment Date: 09/21/2010 Date of First Production this formation: _____
Perforations Top: 3208 Bottom: 5310 No. Holes: 226 Hole size: 0.42

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

(Original Frac)-Frac'd with 91,839 bbls of 2% KCL slickwater, 140,300 lbs 30/50 sand, 1,623,300 lbs 20/40 sand, and 182,200 lbs 20/40 SLC sand

This formation is commingled with another formation: Yes No

Test Information:

Date: 10/17/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 822 Bbls H2O: 2185
Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 822 Bbls H2O: 2185 GOR: 0
Test Method: Flowing Casing PSI: 250 Tubing PSI: _____ Choke Size: 64
Gas Disposition: FLARED Gas Type: WET BTU Gas: 0 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 4707 Tbg setting date: 01/29/2011 Packer Depth: 4707

Reason for Non-Production:

Temporarily Abandoned due to not production equipment installed.

Date formation Abandoned: 02/08/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

This well flared gas from 10/10/2010 to 2/7/2011. There were no gas sales for this well. There is no wellbore diagram available. This 5A is being submitted to show the WFCM formation as TA'd due to no production equipment installed.

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)