

FORM
5A

Rev
06/12

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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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 05-045-14188-00
6. County: GARFIELD
7. Well Name: GENTRY
Well Number: B10
8. Location: QtrQtr: SENW Section: 17 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY Treatment Type:
Treatment Date: 12/12/2011 End Date: Date of First Production this formation: 10/18/2007
Perforations Top: 8374 Bottom: 8607 No. Holes: 152 Hole size: 0.42
Provide a brief summary of the formation treatment: Open Hole: ☐
This formation is commingled with another formation: ☐ Yes ☒ No
Total fluid used in treatment (bbl): Max pressure during treatment (psi):
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):
Type of gas used in treatment: Number of staged intervals:
Total acid used in treatment (bbl): Max frac gradient (psi/ft):
Recycled water used in treatment (bbl): Flowback volume recovered (bbl):
Fresh water used in treatment (bbl): Disposition method for flowback:
Total proppant used (lbs): Rule 805 green completion techniques were utilized: ☐
Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:
Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: COZZ is TA'd by CIBP
Date formation Abandoned: 12/12/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt
Bridge Plug Depth: 8315 Sacks cement on top: 4

FORMATION: CORCORAN Status: TEMPORARILY Treatment Type: _____

Treatment Date: 12/12/2011 End Date: _____ Date of First Production this formation: 10/18/2007

Perforations Top: 8619 Bottom: 8717 No. Holes: 152 Hole size: 0.42

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

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____ Number of staged intervals: _____

Total acid used in treatment (bbl): _____ Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____

Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____

Calculated 24 hour rate: _____ Bbl oil: _____ Mcf Gas: _____ Bbl 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: CRCRN is TA'd by CIBP

Date formation Abandoned: 12/12/2011 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8315 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____
Treatment Date: 10/10/2007 End Date: _____ Date of First Production this formation: 10/18/2007
Perforations Top: 6987 Bottom: 7766 No. Holes: 242 Hole size: 0.42
Provide a brief summary of the formation treatment: _____ Open Hole: ☐

WFCM (Original frac) - Frac'd with 24,404 bbls of 2% KCL, and 520,200 lbs 30/50 sand

This formation is commingled with another formation: ☐ Yes ☒ No

Total fluid used in treatment (bbl): _____

Max pressure during treatment (psi): _____

Total gas used in treatment (mcf): _____

Fluid density at initial fracture (lbs/gal): _____

Type of gas used in treatment: _____

Number of staged intervals: _____

Total acid used in treatment (bbl): _____

Max frac gradient (psi/ft): _____

Recycled water used in treatment (bbl): _____

Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): _____

Disposition method for flowback: _____

Total proppant used (lbs): _____

Rule 805 green completion techniques were utilized: ☐

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 01/08/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 106 Bbl H2O: 73
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 106 Bbl H2O: 73 GOR: 0
Test Method: Flowing Casing PSI: 424 Tubing PSI: 536 Choke Size: 28/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1034 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7597 Tbg setting date: 12/12/2011 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:

The date of First Production for this well has been corrected. 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: 3/30/2012 Email: sredican@anteroresources.com

Attachment Check List

Att Doc Num	Name
400250586	FORM 5A SUBMITTED
400250605	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)