

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-20117-00 6. County: GARFIELD 7. Well Name: McLin Well Number: C16 8. Location: QtrQtr: NESE Section: 13 Township: 6S Range: 92W Meridian: 6 9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type:

Treatment Date: 01/27/2012 End Date: Date of First Production this formation: 02/16/2012

Perforations Top: 7226 Bottom: 7251 No. Holes: 26 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: []

Frac'd with 111,164 bbls 2% KCL Slickwater, 2,140,400 lbs 20/40 sand and 250,200 lbs 20/40 SLC sand

This formation is commingled with another formation: [X] 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:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

Bridge Plug Depth: Sacks cement on top:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: _____

Treatment Date: 01/29/2012 End Date: _____ Date of First Production this formation: 02/16/2012

Perforations Top: 5202 Bottom: 7116 No. Holes: 234 Hole size: 0.42

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

Frac'd with 111,164 bbls 2% KCL Slickwater, 2,140,400 lbs 20/40 sand and 250,200 lbs 20/40 SLC 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: _____ 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: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: _____
 Treatment Date: 01/27/2012 End Date: _____ Date of First Production this formation: 02/16/2012
 Perforations Top: 5202 Bottom: 7251 No. Holes: 260 Hole size: 0.42
 Provide a brief summary of the formation treatment: _____ Open Hole:

See individual formations for treatment summary

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: 03/03/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 1402 Bbl H2O: 615
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 1402 Bbl H2O: 615 GOR: 0
 Test Method: FLOWING Casing PSI: 600 Tubing PSI: 1200 Choke Size: 32/64
 Gas Disposition: SOLD Gas Type: WET Btu Gas: 1162 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 6714 Tbg setting date: 02/17/2012 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:
 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
400266362	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)