

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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Document Number:

400266362

Date Received:

03/30/2012

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: ☒ 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: <input type="checkbox"/> |

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: Sauna 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

| User Group | Comment | Comment Date |
|------------|---------|--------------|
| | | |

Total: 0 comment(s)