

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400281748

Date Received:

## DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10079

4. Contact Name: Shauna Redican

2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION

Phone: (303) 357-6820

3. Address: 1625 17TH ST STE 300

Fax: (303) 357-7315

City: DENVER State: CO Zip: 80202

5. API Number 05-045-20427-00

6. County: GARFIELD

7. Well Name: DIXON FED CA

Well Number: B14

8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1583 feet Direction: FSL Distance: 752 feet Direction: FWL

As Drilled Latitude: 39.524122 As Drilled Longitude: -107.659798

## GPS Data:

Data of Measurement: 04/03/2012 PDOP Reading: 1.4 GPS Instrument Operator's Name: Scott E. Aibner

\*\* If directional footage at Top of Prod. Zone Dist.: 805 feet. Direction: FSL Dist.: 2379 feet. Direction: FEL

Sec: 15 Twp: 6S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 813 feet. Direction: FSL Dist.: 2385 feet. Direction: FEL

Sec: 15 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK

10. Field Number: 52500

11. Federal, Indian or State Lease Number: COC073832

12. Spud Date: (when the 1st bit hit the dirt) 07/11/2011 13. Date TD: 02/17/2012 14. Date Casing Set or D&amp;A: 02/18/2012

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 8138 TVD\*\* 7447 17 Plug Back Total Depth MD 8080 TVD\*\* 7389

18. Elevations GR 5515 KB 5539

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL, Temp, Mud Log

## 20. Casing, Liner and Cement:

## CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	55#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,027	365	0	1,027	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,080	1,095	2,076	8,138	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

Cement work date: \_\_\_\_\_

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

**FORMATION LOG INTERVALS AND TEST ZONES**

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
WILLIAMS FORK	3,973		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,960		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured from KB. Note: Hard copy logs, digital logs and directional survey were submitted with pre-liminary completion report on 4-3-2012.

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	Document Name	attached ?			
<u>Attachment Checklist</u>					
400287718	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Directional Survey **	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400287714	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

**General Comments****User Group****Comment****Comment Date**

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Total: 0 comment(s)