

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



|    |    |    |    |
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| DE | ET | OE | ES |
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Document Number:

400289041

Date Received:

06/01/2012

## 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 05-045-19382-00

6. County: GARFIELD

7. Well Name: McLin

Well Number: B15

8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 1265 feet Direction: FNL Distance: 484 feet Direction: FEL

As Drilled Latitude: As Drilled Longitude:

## GPS Data:

Date of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: KOKOPELLI

10. Field Number: 47525

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 03/28/2012 13. Date TD: 14. Date Casing Set or D&amp;A:

## 15. Well Classification:

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

16. Total Depth MD 1094 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 5598 KB 5622

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:

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   | 20           | 16             | 84#   | 0             | 84            | 177       | 0       | 84      | CALC   |
| SURF        | 12+1/4       | 8+5/8          | 32#   | 0             | 1,079         | 365       | 0       | 1,094   | CALC   |

## STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date:

|             |        |                                   |               |            |               |
|-------------|--------|-----------------------------------|---------------|------------|---------------|
| Method used | String | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom |
|             | SURF   | 1,079                             | 175           | 0          | 1,094         |

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                    |   |
|  |                |        | <input type="checkbox"/> | <input type="checkbox"/> |   |

Comment:

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: 6/1/2012 Email: sredican@anteroresources.com

### Attachment Check List

| Att Doc Num                 | Document Name         | attached ? |                                     |    |                                     |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> |                       |            |                                     |    |                                     |
| 400291591                   | 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>    |                       |            |                                     |    |                                     |
| 400289041                   | FORM 5 SUBMITTED      | Yes        | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            |

### General Comments

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

Total: 0 comment(s)