

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



Table with columns DE, ET, OE, ES

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Date Received:

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, reoperation 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 05-045-20131-00
6. County: GARFIELD
7. Well Name: McLin Well Number: C13
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: FRACTURE STIMULATION

Treatment Date: 07/11/2012 End Date: 07/21/2012 Date of First Production this formation: 07/19/2012

Perforations Top: 7112 Bottom: 7138 No. Holes: 12 Hole size: 0.37

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

Frac'd with 95,069 bbls 2% KCL Slickwater, 1,804,000 lbs 20/40 sand and 213,300 lbs 20/40 SLC sand.

This formation is commingled with another formation: [X] Yes [] No

Total fluid used in treatment (bbl):
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl):
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl):
Total proppant used (lbs):
Max pressure during treatment (psi):
Fluid density at initial fracture (lbs/gal):
Max frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback:
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: ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/11/2012 End Date: 07/21/2012 Date of First Production this formation: 07/19/2012
Perforations Top: 4752 Bottom: 7006 No. Holes: 242 Hole size: 0.37

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

WFCM - Frac'd with 95,069 bbls 2% KCL Slickwater, 1,804,000 lbs 20/40 sand and 213,300 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: _____ Max frac gradient (psi/ft): _____
Total acid used in treatment (bbl): _____ Number of staged intervals: _____
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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 07/11/2012 End Date: 07/21/2012 Date of First Production this formation: 07/19/2012
Perforations Top: 4752 Bottom: 7138 No. Holes: 254 Hole size: 0.37

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): 95069 Max pressure during treatment (psi): 7926

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.37

Type of gas used in treatment: _____ Max frac gradient (psi/ft): 1.11

Total acid used in treatment (bbl): 119 Number of staged intervals: 10

Recycled water used in treatment (bbl): 86513 Flowback volume recovered (bbl): 39707

Fresh water used in treatment (bbl): 8556 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2017300 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/09/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2146 Bbl H2O: 784

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2146 Bbl H2O: 784 GOR: 0

Test Method: Flowing Casing PSI: 750 Tubing PSI: 1300 Choke Size: 34/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1158 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 5249 Tbg setting date: 07/28/2012 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: _____ ** Wireline and Cement Job Summary must be attached.

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: _____ Email: sredican@anteroresources.com

Attachment Check List

| Att Doc Num | Name |
|-------------|------|
| | |

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)