

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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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, 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 05-045-20133-00
6. County: GARFIELD
7. Well Name: McLin
Well Number: C24
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: 07/01/2012 End Date: 07/10/2012 Date of First Production this formation: 07/06/2012

Perforations Top: 7141 Bottom: 7166 No. Holes: 14 Hole size: 0.37

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

RLNS - 95,108 bbls 2% KCL Slickwater, 1,812,600 lbs 20/40 sand and 194,300 lbs 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: <u>WILLIAMS FORK - CAMEO</u>		Status: <u>PRODUCING</u>		Treatment Type: <u>FRACTURE STIMULATION</u>	
Treatment Date: <u>07/01/2012</u>		End Date: <u>07/10/2012</u>		Date of First Production this formation: <u>07/06/2012</u>	
Perforations	Top: <u>4987</u>	Bottom: <u>7039</u>	No. Holes: <u>220</u>	Hole size: <u>0.37</u>	

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

WFCM - 95,108 bbls 2% KCL Slickwater, 1,812,600 lbs 20/40 sand and 194,300 lbs 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: <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: _____ ** Wireline and Cement Job Summary must be attached.

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION
Treatment Date: 07/01/2012 End Date: 07/10/2012 Date of First Production this formation: 07/06/2012
Perforations Top: 4987 Bottom: 7166 No. Holes: 234 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): 95108

Max pressure during treatment (psi): 10163

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): 1.12

Total acid used in treatment (bbl): 107

Number of staged intervals: 9

Recycled water used in treatment (bbl): 83695

Flowback volume recovered (bbl): 39991

Fresh water used in treatment (bbl): 11413

Disposition method for flowback: RECYCLE

Total proppant used (lbs): 2006900

Rule 805 green completion techniques were utilized: ☒

Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 08/06/2012 Hours: 24 Bbl oil: 0 Mcf Gas: 2256 Bbl H2O: 602
Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2256 Bbl H2O: 602 GOR: 0
Test Method: Flowing Casing PSI: 650 Tubing PSI: 1175 Choke Size: 32/64
Gas Disposition: SOLD Gas Type: WET Btu Gas: 1225 API Gravity Oil: 0
Tubing Size: 2 + 3/8 Tubing Setting Depth: 5419 Tbg setting date: 07/20/2012 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

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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)