

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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: [X] 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 - CAMEO 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: 4987 Bottom: 7039 No. Holes: 220 Hole size: 0.37

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:

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: 8/21/2012 Email: sredican@anteroresources.com

Attachment Check List

Att Doc Num	Name
400309564	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)