

**FORM**  
**5**  
Rev  
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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Document Number:  
1938539

Date Received:  
04/29/2009

**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: HANNAH KNOPPING  
 2. Name of Operator: ANTERO RESOURCES PICEANCE LLC Phone: (303) 357-7310  
 3. Address: 1625 17TH ST STE 300 Fax: (303) 357-7315  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-12746-00 6. County: GARFIELD  
 7. Well Name: COLOROSO Well Number: A4  
 8. Location: QtrQtr: LOT 4 Section: 7 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 1739 feet Direction: FNL Distance: 620 feet Direction: FWL  
 As Drilled Latitude: 39.543466 As Drilled Longitude: -107.712994

GPS Data:  
 Date of Measurement: 12/02/2008 PDOP Reading: 1.2 GPS Instrument Operator's Name: SCOTT AIBNER

\*\* If directional footage at Top of Prod. Zone Dist.: 1991 feet. Direction: FNL Dist.: 2113 feet. Direction: FWL  
 Sec: 7 Twp: 6S Rng: 92W

\*\* If directional footage at Bottom Hole Dist.: 1993 feet. Direction: FNL Dist.: 2112 feet. Direction: FWL  
 Sec: 7 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
 11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 10/01/2008 13. Date TD: 10/26/2008 14. Date Casing Set or D&A: 10/30/2008

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 9154 TVD\*\* 8888 17 Plug Back Total Depth MD 9146 TVD\*\* 8879

18. Elevations GR 5363 KB 5388 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:  
CHI TRIPLE COMBO, CBL

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	18		0	50	148	0	50	VISU
SURF	12+1/4	8+5/8		0	1,516	695	0	1,516	VISU
1ST	7+7/8	5+1/2		0	9,154	534	5,288	9,154	CBL

**STAGE/TOP OUT/REMEDIAL CEMENT**

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

Method used	String	Cementing tool setting/perf 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	
MESAVERDE	4,217		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,111		<input type="checkbox"/>	<input type="checkbox"/>	PRICE COAL - 5379'
ROLLINS	8,104		<input type="checkbox"/>	<input type="checkbox"/>	TOP GAS - 6495'
COZZETTE	8,660		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	8,920		<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: Y

Print Name: HANNAH KNOPPING

Title: PERMITTING REP

Date: 4/27/2009

Email: HKNOPPING@ANTERORESOURCES.COM

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
1774029	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input 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"/>

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)