

SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

1. OGCC Operator Number: 10079
2. Name of Operator: Antero Resources Piceance Corporation
3. Address: 1625 17th Street, Suite 300
City: Denver State: CO Zip: 80202
4. Contact Name: Hannah Knopping
Phone: (303) 357-6412
Fax: (303) 357-7315
5. API Number 05-045-11779 OGCC Facility ID Number 336017
6. Well/Facility Name: North Bank 7. Well/Facility Number E Pad
8. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW, Section 12, T6S, R93W, 6th P.M.
9. County: Garfield 10. Field Name: Mamm Creek
11. Federal, Indian or State Lease Number: _____

Complete the Attachment
Checklist

OP OGCC

| | |
|----------------------|---|
| Survey Plat | |
| Directional Survey | |
| Surface Eqpm Diagram | |
| Technical Info Page | ✓ |
| Other | |

General Notice

| | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|---------|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit) | | | | | | | | | | | | | | | | | | | | | |
| Change of Surface Footage from Exterior Section Lines: | <table border="1"><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> | | FNL/FSL | | FEL/FWL | | | | | | | | | | | | | | | | |
| | FNL/FSL | | FEL/FWL | | | | | | | | | | | | | | | | | | |
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| Change of Surface Footage to Exterior Section Lines: | | | | | | | | | | | | | | | | | | | | | |
| Change of Bottomhole Footage from Exterior Section Lines: | | | | | | | | | | | | | | | | | | | | | |
| Change of Bottomhole Footage to Exterior Section Lines: | | | | | | | | | | | | | | | | | | | | | |
| Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer | | | | | | | | | | | | | | | | | | | | | |
| Latitude | Distance to nearest property line | | | | | | | | | | | | | | | | | | | | |
| Longitude | Distance to nearest bldg, public rd, utility or RR | | | | | | | | | | | | | | | | | | | | |
| Ground Elevation | Distance to nearest lease line | | | | | | | | | | | | | | | | | | | | |
| | Is location in a High Density Area (rule 603b)? Yes/No | | | | | | | | | | | | | | | | | | | | |
| | Distance to nearest well same formation | | | | | | | | | | | | | | | | | | | | |
| | Surface owner consultation date: | | | | | | | | | | | | | | | | | | | | |

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

☐ CHANGE SPACING UNIT

| | | | | |
|-----------|----------------|----------------------|--------------|--------------------|
| Formation | Formation Code | Spacing order number | Unit Acreage | Unit configuration |
| | | | | |

☐ Remove from surface bond

Signed surface use agreement attached

☐ CHANGE OF OPERATOR (prior to drilling):Effective Date: _____
Plugging Bond: ☐ Blanket ☐ Individual☐ CHANGE WELL NAME

NUMBER

From: _____
To: _____
Effective Date: _____☐ ABANDONED LOCATION:Was location ever built? ☐ Yes ☐ No
Is site ready for inspection? ☐ Yes ☐ No
Date Ready for Inspection: _____☐ NOTICE OF CONTINUED SHUT IN STATUSDate well shut in or temporarily abandoned: _____
Has Production Equipment been removed from site? ☐ Yes ☐ No
MIT required if shut in longer than two years. Date of last MIT _____☐ SPUD DATE: _____☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)☐ SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK

*submit cbl and cement job summaries

| | | | | | |
|-------------|-----------------------------------|---------------|------------|---------------|------|
| Method used | Cementing tool setting/perf depth | Cement volume | Cement top | Cement bottom | Date |
| | | | | | |

☐ RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.Final reclamation will commence on approximately _____ ☐ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

☐ Notice of Intent

Approximate Start Date: _____

☐ Report of Work Done

Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

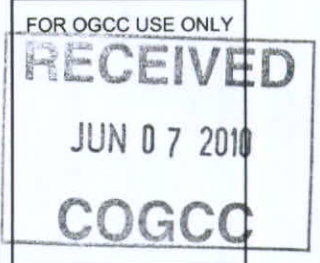
| | | |
|---|---|--|
| <input type="checkbox"/> Intent to Recomplete (submit form 2) | <input type="checkbox"/> Request to Vent or Flare | <input type="checkbox"/> E&P Waste Disposal |
| <input type="checkbox"/> Change Drilling Plans | <input type="checkbox"/> Repair Well | <input type="checkbox"/> Beneficial Reuse of E&P Waste |
| <input type="checkbox"/> Gross Interval Changed? | <input type="checkbox"/> Rule 502 variance requested | <input type="checkbox"/> Status Update/Change of Remediation Plans |
| <input type="checkbox"/> Casing/Cementing Program Change | <input checked="" type="checkbox"/> Other: <u>Containment COA</u> | for Spills and Releases |

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Hannah Knopping
Print Name: Hannah KnoppingDate: 6/3/10 Email: hknopping@anteroresources.com
Title: Permit RepresentativeCOGCC Approved: Linda Spry O'RourkeTitle: EPS-NW RegionDate: 6/16/2010

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



1. OGCC Operator Number: 10079 API Number: _____
2. Name of Operator: Antero Resources Piceance Corp. OGCC Facility ID # 336017
3. Well/Facility Name: North Bank Well/Facility Number: E Pad
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SWNW, Section 12, T6S, R93W, 6th P.M.

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

Antero Resources Piceance Corporation requests that the COA that was issued for this pad location requiring a Secondary and Tertiary Containment Plan for our frac/flowback tanks be removed for the following reason:

The well pad is approximately 1000 feet from the Colorado River to the south, approximately 500 feet from an intermittent stream to the west, and within the outer 317B buffer (500'-2640').

| WELL NAME | API# |
|---------------|--------------|
| NORTHBANK E1 | 05-045-11777 |
| NORTHBANK E10 | 05-045-18611 |
| NORTHBANK E11 | 05-045-15810 |
| NORTHBANK E12 | 05-045-15809 |
| NORTHBANK E13 | 05-045-18612 |
| NORTHBANK E14 | 05-045-18613 |
| NORTHBANK E15 | 05-045-16048 |
| NORTHBANK E17 | 05-045-10905 |
| NORTHBANK E18 | 05-045-16046 |
| NORTHBANK E19 | 05-045-16047 |
| NORTHBANK E2 | 05-045-15806 |
| NORTHBANK E3 | 05-045-14602 |
| NORTHBANK E5 | 05-045-14603 |
| NORTHBANK E6 | 05-045-15805 |
| NORTHBANK E7 | 05-045-14601 |
| NORTHBANK E8 | 05-045-15808 |
| NORTHBANK E9 | 05-045-15807 |