

FORM  
5A  
Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:  
2556891

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: HANNAH KNOPPING  
Phone: (303) 3576412  
Fax: (303) 3577315

5. API Number 05-045-13960-00  
6. County: GARFIELD  
7. Well Name: BURCKLE Well Number: A7  
8. Location: QtrQtr: NWSE Section: 16 Township: 6S Range: 92W Meridian: 6  
9. Field Name: \_\_\_\_\_ Field Code: \_\_\_\_\_

Completed Interval

FORMATION: COZZETTE Status: TEMPORARILY ABANDONED  
Treatment Date: 04/21/2010 Date of First Production this formation: \_\_\_\_\_  
Perforations Top: 8190 Bottom: 8220 No. Holes: 232 Hole size: 42/100  
Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_  
Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls 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:  
COZZETTE IS T&A'D  
Date formation Abandoned: 04/21/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
Bridge Plug Depth: 8150 Sacks cement on top: 2

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 04/21/2010 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8357 Bottom: 8467 No. Holes: 232 Hole size: \_\_\_\_\_

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls H2O: \_\_\_\_\_

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbls 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:

CORCORAN IS T&A'D

Date formation Abandoned: 04/21/2010 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: 8150 Sacks cement on top: 2

Comment:

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

Signed: \_\_\_\_\_ Print Name: HANNAH KNOPPING

Title: PERMIT REPRESENTATIVE Date: 7/8/2010 Email HKNOPPING@ANTERORESOURCES.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: David S. Neslin Director of COGCC Date: 11/16/2010

**Attachment Check List**

Att Doc Num	Name	Doc Description
2556891	FORM 5A SUBMITTED	LF@2517893 2556891

Total Attach: 1 Files