

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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Document Number:

2556891

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 4. Contact Name: HANNAH KNOPPING
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION Phone: (303) 3576412
3. Address: 1625 17TH ST STE 300 Fax: (303) 3577315
City: DENVER State: CO Zip: 80202

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: <u>COZZETTE</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>04/21/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>8190</u> Bottom: <u>8220</u>	No. Holes: <u>232</u> Hole size: <u>42/100</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:	
<u>COZZETTE IS T&A'D</u>	
Date formation Abandoned: <u>04/21/2010</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8150</u>	Sacks cement on top: <u>2</u>

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