

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:

2556895

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 05-045-14941-00 6. County: GARFIELD
 7. Well Name: DEVER Well Number: C3
 8. Location: QtrQtr: SWNW Section: 17 Township: 6S Range: 92W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 03/15/2010 Date of First Production this formation: _____
 Perforations Top: 8394 Bottom: 8470 No. Holes: 36 Hole size: 42/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
 A PORTION OF THE COZZETTE IS T&A'D FROM 8470 TO 8577.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 03/25/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 184 Bbls H2O: 27
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 184 Bbls H2O: 27 GOR: 0
 Test Method: flowing Casing PSI: 1261 Tubing PSI: 206 Choke Size: _____
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 998 API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: _____
 THE UPPER PORTION OF THE COZZETTE IS STILL PRODUCING.
 Date formation Abandoned: 03/15/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 8470 Sacks cement on top: 2

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 03/15/2010 Date of First Production this formation: _____

Perforations Top: 8648 Bottom: 8818 No. Holes: 39 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:

T&A'D CORCORAN

Date formation Abandoned: 03/15/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8470 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: 12/13/2010

Attachment Check List

Att Doc Num	Name
2556895	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	requested tet info for cozzette	11/16/2010 2:40:55 PM

Total: 1 comment(s)