

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:

2556897

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 05-045-13174-00 6. County: GARFIELD  
 7. Well Name: COLOROSO Well Number: A7  
 8. Location: QtrQtr: LOT 4 Section: 7 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: 8470 Bottom: 8550 No. Holes: 30 Hole size: \_\_\_\_\_  
 Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:   
 A PORTION OF THE COZZETTE IS T&A'D FROM 8550 TO 8605.  
 This formation is commingled with another formation:  Yes  No  
**Test Information:**  
 Date: 03/22/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 342 Bbls H2O: 100  
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 342 Bbls H2O: 100 GOR: 0  
 Test Method: flowing Casing PSI: 766 Tubing PSI: 215 Choke Size: \_\_\_\_\_  
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1069 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: 8550 Sacks cement on top: 2

FORMATION: CORCORAN Status: ABANDONED COMPLETION

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

Perforations Top: 8733 Bottom: 8837 No. Holes: 36 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:

T&A'D CORCORAN

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

Bridge Plug Depth: 8550 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
2556897	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date
Permit	REQUESTED TEST INFO FOR COZZETTE	11/16/2010 2:07:48 PM

Total: 1 comment(s)