

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:

2556899

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 05-045-12293-00 6. County: GARFIELD
7. Well Name: NORTH BANK Well Number: B2
8. Location: QtrQtr: NENE Section: 12 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/12/2010</u>	Date of First Production this formation: _____
Perforations Top: <u>8507</u> Bottom: <u>8580</u> No. Holes: <u>196</u> Hole size: <u>42/100</u>	
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
A PORTION OF THE COZZETTE WAS T&A'D ON 03/12/2010, HOWEVER THERE ARE OPEN PERFORATIONS FROM 8507-8580.	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/25/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>97</u> Bbls H2O: <u>51</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>97</u> Bbls H2O: <u>51</u> GOR: <u>0</u>	
Test Method: <u>flowing</u> Casing PSI: <u>1218</u> Tubing PSI: <u>958</u> Choke Size: _____	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1048</u> API Gravity Oil: _____	
Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____	
Reason for Non-Production: _____	
Date formation Abandoned: <u>03/12/2010</u> Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>8580</u> Sacks cement on top: <u>1</u>	

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 03/12/2010 Date of First Production this formation: _____

Perforations Top: 8759 Bottom: 8919 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: _____

T&A'D CORCORAN AND A PORTION OF THE COZZETTE

Date formation Abandoned: 03/12/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8580 Sacks cement on top: 1

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
2556899	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	REQUESTED TEST INFO ON THE COZZETTE	11/16/2010 2:13:12 PM

Total: 1 comment(s)