

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



DE ET OE ES

COMPLETED INTERVAL REPORT

Document Number:
2556900

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 05-045-16013-00
6. County: GARFIELD
7. Well Name: GYP SUM RANCH Well Number: B3
8. Location: QtrQtr: NWNE Section: 14 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
Treatment Date: 04/05/2010 Date of First Production this formation: _____
Perforations Top: 8619 Bottom: 8750 No. Holes: 14 Hole size: _____
Provide a brief summary of the formation treatment: _____ Open Hole:
A PORTION OF THE COZZETTE IS T&A'D FROM 8570-8825.
This formation is commingled with another formation: Yes No
Test Information:
Date: 04/11/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 167 Bbls H2O: 40
Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 167 Bbls H2O: 40 GOR: 0
Test Method: flowing Casing PSI: 1262 Tubing PSI: 100 Choke Size: _____
Gas Disposition: SOLD Gas Type: WET BTU Gas: 1045 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: 04/05/2010 Squeeze: Yes No If yes, number of sacks cmt _____
Bridge Plug Depth: 8570 Sacks cement on top: 2

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 04/05/2010 Date of First Production this formation: _____

Perforations Top: 8894 Bottom: 9032 No. Holes: 36 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:

CORORAN IS T&A'D.

Date formation Abandoned: 04/05/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8570 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
2556900	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

User Group	Comment	Comment Date
Permit	REQUESTED TEST INFO ON COZZETTE	11/16/2010 2:18:06 PM

Total: 1 comment(s)