

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:

400118361

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) 357-6412  
Fax: (303) 357-7315

5. API Number 05-045-19724-00  
6. County: GARFIELD  
7. Well Name: CSF Well Number: 43D-10-07-91  
8. Location: QtrQtr: SWSE Section: 10 Township: 7S Range: 91W Meridian: 6  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: ROLLINS Status: PRODUCING

Treatment Date: 11/10/2010 Date of First Production this formation: 11/23/2010

Perforations Top: 8267 Bottom: 8321 No. Holes: 20 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole:

WFILS: 93,922 bbls of 2% KCL slickwater, 381,900 lbs 30/50 sand and 1,567,900 lbs 20/40 sand

This formation is commingled with another formation:  Yes  No

Test Information:

Date: 12/08/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1868 Bbls H2O: 1619

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1868 Bbls H2O: 1619 GOR: 0

Test Method: Flowing Casing PSI: 775 Tubing PSI: 1790 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1148 API Gravity Oil: \_\_\_\_\_

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7764 Tbg setting date: 12/01/2010 Packer Depth: \_\_\_\_\_

Reason for Non-Production:  
\_\_\_\_\_

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

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 11/15/2010 Date of First Production this formation: 11/23/2010

Perforations Top: 6595 Bottom: 8160 No. Holes: 228 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

WFILS: 93,922 bbls of 2% KCL slickwater, 381,900 lbs 30/50 sand and 1,567,900 lbs 20/40 sand

This formation is commingled with another formation:  Yes  No

**Test Information:**

Date: 12/08/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 1868 Bbls H2O: 1619

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 1868 Bbls H2O: 1619 GOR: 0

Test Method: Flowing Casing PSI: 775 Tubing PSI: 1790 Choke Size: 36/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1148 API Gravity Oil: \_\_\_\_\_

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Reason for Non-Production: \_\_\_\_\_

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

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

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: \_\_\_\_\_ 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: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name

Total Attach: 0 Files

**General Comments**

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)