

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:

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**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) 357-6412  
3. Address: 1625 17TH ST STE 300 Fax: (303) 357-7315  
City: DENVER State: CO Zip: 80202

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: <u>ROLLINS</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>11/10/2010</u>	Date of First Production this formation: <u>11/23/2010</u>
Perforations Top: <u>8267</u> Bottom: <u>8321</u>	No. Holes: <u>20</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
<u>WFILS: 93,922 bbls of 2% KCL slickwater, 381,900 lbs 30/50 sand and 1,567,900 lbs 20/40 sand</u>	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
Date: <u>12/08/2010</u> Hours: <u>24</u> Bbls oil: <u>0</u> Mcf Gas: <u>1868</u> Bbls H2O: <u>1619</u>	
Calculated 24 hour rate: Bbls oil: <u>0</u> Mcf Gas: <u>1868</u> Bbls H2O: <u>1619</u> GOR: <u>0</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>775</u> Tubing PSI: <u>1790</u> Choke Size: <u>36/64</u>	
Gas Disposition: <u>SOLD</u> Gas Type: <u>WET</u> BTU Gas: <u>1148</u> API Gravity Oil: <u></u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7764</u> Tbg setting date: <u>12/01/2010</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

FORMATION: WILLIAMS FORK - CAMEOStatus: PRODUCINGTreatment Date: 11/15/2010Date of First Production this formation: 11/23/2010Perforations 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: 1619Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 1868 Bbls H2O: 1619 GOR: 0Test Method: Flowing Casing PSI: 775 Tubing PSI: 1790 Choke Size: 36/64Gas 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: \_\_\_\_\_

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 KnoppingTitle: 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**

User Group	Comment	Comment Date

Total: 0 comment(s)