

**FORM  
5**Rev  
02/08State 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

Document Number:

400080036

**DRILLING COMPLETION REPORT**

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type ☒ Final completion ☐ Preliminary 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 05-045-19377-00 6. County: GARFIELD  
7. Well Name: McLin Well Number: B3  
8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6  
Footage at surface: Distance: 1252 feet Direction: FNL Distance: 449 feet Direction: FEL  
As Drilled Latitude: 39.531032 As Drilled Longitude: 107.608041

## GPS Data:

Data of Measurement: 07/22/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

## \*\* If directional footage

at Top of Prod. Zone Distance: 199 feet Direction: FSL Distance: 618 feet Direction: FWL  
Sec: 7 Twp: 6S Rng: 91W  
at Bottom Hole Distance: 251 feet Direction: FSL Distance: 651 feet Direction: FWL  
Sec: 7 Twp: 6S Rng: 91W

9. Field Name: KOKOPELLI 10. Field Number: 47525

11. Federal, Indian or State Lease Number: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 05/22/2010 13. Date TD: 05/28/2010 14. Date Casing Set or D&A: 05/30/2010

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7240 TVD 6839 17 Plug Back Total Depth MD 7189 TVD 678818. Elevations GR 5649 KB 5673

One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

## 19. List Electric Logs Run:

CBL and Triple Combo

## 20. Casing, Liner and Cement:

### CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Top	Cement Bot	Status
CONDUCTOR	24	16	55#	84	177	0	89	CALC
SURF	12+1/4	8+5/8	32#	1,064	268	0	1,077	CALC
1ST	7+7/8	4+1/2	11.6#	7,229	762	3,090	7,240	CBL

### ADDITIONAL CEMENT

Cement work date: \_\_\_\_\_

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

21. Formation log intervals and test zones:

### FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	3,321		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,840		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,001		<input type="checkbox"/>	<input type="checkbox"/>	

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: 7/27/2010 Email: hknopping@anteroresources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

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

### Attachment Check List

Att Doc Num	Name
400080050	PLAT
400080053	CMT SUMMARY
400080058	DIRECTIONAL SURVEY
400080089	LAS-CEMENT BOND
400080091	LAS-TRIPLE COMBINATION

Total Attach: 5 Files

### General Comments

User Group      Comment      Comment Date

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Total: 0 comment(s)