

FORM
5
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

DRILLING COMPLETION REPORT

Document Number:
400080036

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 Observation

16. Total Depth MD 7240 TVD 6839 17 Plug Back Total Depth MD 7189 TVD 6788

18. 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	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	24	16	55#	0	84	177	0	89	CALC
SURF	12+1/4	8+5/8	32#	0	1,064	268	0	1,077	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,229	762	3,130	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

Attachment Check List

Att Doc Num	Name
400080036	FORM 5 SUBMITTED
400080050	PLAT
400080053	CEMENT JOB SUMMARY
400080058	DIRECTIONAL SURVEY
400080089	LAS-CEMENT BOND
400080091	LAS-TRIPLE COMBINATION

Total Attach: 6 Files

General Comments

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

Total: 0 comment(s)