


<b>FORM</b> <b>5</b> Rev 02/08	<b>State of Colorado</b> <b>Oil and Gas Conservation Commission</b> 1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DE</td> <td style="width: 25%;">ET</td> <td style="width: 25%;">OE</td> <td style="width: 25%;">ES</td> </tr> </table> Document Number:  400102141	DE	ET	OE	ES
DE	ET	OE	ES				
<b>DRILLING COMPLETION REPORT</b>							
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 <input checked="" type="checkbox"/> Final completion <input type="checkbox"/> 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    05-045-19724-00		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							
Footage at surface:    Distance:    658    feet    Direction:    FSL    Distance:    1592    feet    Direction:    FEL							
As Drilled Latitude:    39.456256	As Drilled Longitude:    -107.535929						
GPS Data:							
Data of Measurement:    11/03/2010    PDOP Reading:    2.5    GPS Instrument Operator's Name:    Scott E. Aibner							
** If directional footage at Top of Prod. Zone    Dist.:    1787    feet. Direction:    FSL    Dist.:    799    feet. Direction:    FEL							
Sec:    10    Twp:    7S    Rng:    91W							
** If directional footage at Bottom Hole    Dist.:    1761    feet. Direction:    FSL    Dist.:    816    feet. Direction:    FEL							
Sec:    10    Twp:    7S    Rng:    91W							
9. Field Name:    WILDCAT		10. Field Number:    99999					
11. Federal, Indian or State Lease Number:    COC-066580							
12. Spud Date: (when the 1st bit hit the dirt)    09/12/2010    13. Date TD:    10/08/2010    14. Date Casing Set or D&A:    10/10/2010							
15. Well Classification:							
<input type="checkbox"/> Dry <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas/Coalbed <input type="checkbox"/> Disposal <input type="checkbox"/> Stratigraphic <input type="checkbox"/> Enhanced Recovery <input type="checkbox"/> Storage <input type="checkbox"/> Observation							
16. Total Depth    MD    8465    TVD**    8178		17 Plug Back Total Depth    MD    8412    TVD**    8126					
18. Elevations    GR    7285    KB    7309		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:							
Mud log, CBL and Triple Combo							
20. Casing, Liner and Cement:							

IMPORTANT: SOME DATA FIELDS HAVE BEEN MODIFIED.

### 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	84	0	84	177	0	84	VISU
SURF	12+1/4	8+5/8	32	0	1,106	315	0	1,110	VISU
1ST	7+7/8	4+1/2	11.6	0	8,453	852	3,530	8,465	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	4,286		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,776		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,202		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All Depths reported are from KB.

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: 11/30/2010 Email: hknopping@anteroresources.com

### Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400112451	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400112450	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400102141	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400112449	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400112463	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400112467	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400112468	LAS-TRIPLE COMBINATION	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

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

Total: 0 comment(s)