

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:

400116764

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 05-045-12744-00 6. County: GARFIELD
 7. Well Name: COLOROSO Well Number: A3
 8. Location: QtrQtr: LOT 4 Section: 7 Township: 6S Range: 92W Meridian: 6
 9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE Status: PRODUCING
 Treatment Date: 03/13/2010 Date of First Production this formation: 01/01/2009
 Perforations Top: 8733 Bottom: 8874 No. Holes: 30 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
 A portion of the Cozzette is T&A'd from 8820'-8874'.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: 05/03/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 32
 Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 113 Bbls H2O: 32 GOR: 0
 Test Method: Flowing Casing PSI: 849 Tubing PSI: 285 Choke Size: 18/64
 Gas Disposition: SOLD Gas Type: WET BTU Gas: 1024 API Gravity Oil: 0
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7970 Tbg setting date: 03/13/2010 Packer Depth: _____
 Reason for Non-Production:
 The upper portion of the Cozzette is still producing.
 Date formation Abandoned: 03/13/2010 Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: 8820 Sacks cement on top: 2

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 03/13/2010 Date of First Production this formation: 01/01/2009

Perforations Top: 8997 Bottom: 9126 No. Holes: 36 Hole size: 0.42

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

This formation is commingled with another formation: Yes No

Test Information:

Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: _____

Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____

Gas Disposition: _____ Gas Type: _____ BTU Gas: _____ API Gravity Oil: _____

Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____

Reason for Non-Production:

The Corcoran is TA'd

Date formation Abandoned: 03/13/2010 Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: 8820 Sacks cement on top: 2

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)