

**FORM
5A**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



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COMPLETED INTERVAL REPORT

Document Number:

400116765

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 05-045-16337-00 6. County: GARFIELD
7. Well Name: COLOROSO Well Number: A11
8. Location: QtrQtr: LOT 4 Section: 7 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>PRODUCING</u>	
Treatment Date: <u>03/19/2010</u>		Date of First Production this formation: <u>12/27/2008</u>	
Perforations	Top: <u>8550</u>	Bottom: <u>8684</u>	No. Holes: <u>36</u> Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
<div>A portion of the Cozzette is TA'd from 8612'-8684'.</div>			
This formation is commingled with another formation:		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Test Information:			
Date: <u>05/03/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>161</u> Bbls H2O: <u>17</u>
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>161</u> Bbls H2O: <u>17</u> GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>1143</u>	Tubing PSI: <u>205</u>	Choke Size: <u>30/64</u>
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>1027</u>	API Gravity Oil: <u>0</u>
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>7741</u>	Tbg setting date: <u>03/20/2010</u>	Packer Depth: <u></u>
Reason for Non-Production:			
<div>The upper portion of the Cozzette is still producing.</div>			
Date formation Abandoned: <u>03/19/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt <u></u>
Bridge Plug Depth: <u>8612</u>	Sacks cement on top: <u>2</u>		

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 03/19/2010 Date of First Production this formation: 12/27/2008

Perforations Top: 8817 Bottom: 8981 No. Holes: 39 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: 03/19/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8612 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)