


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		<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: 400102754	DE	ET	OE	ES
DE	ET	OE	ES				
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 <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 05-045-19905-00		6. County: GARFIELD					
7. Well Name: Three Siblings		Well Number: A1					
8. Location: QtrQtr: SENW Section: 2 Township: 6S Range: 92W Meridian: 6							
Footage at surface: Distance: 2509 feet Direction: FNL Distance: 2325 feet Direction: FWL							
As Drilled Latitude: 39.557214	As Drilled Longitude: -107.635965						
GPS Data:							
Data of Measurement: 11/19/2010 PDOP Reading: 2.4 GPS Instrument Operator's Name: Scott E. Aibner							
** If directional footage at Top of Prod. Zone Dist.: 1231 feet. Direction: FNL Dist.: 2003 feet. Direction: FWL							
Sec: 2 Twp: 6S Rng: 92W							
** If directional footage at Bottom Hole Dist.: 1211 feet. Direction: FNL Dist.: 1992 feet. Direction: FWL							
Sec: 2 Twp: 6S Rng: 92W							
9. Field Name: WILDCAT		10. Field Number: 99999					
11. Federal, Indian or State Lease Number:							
12. Spud Date: (when the 1st bit hit the dirt) 10/14/2010 13. Date TD: 10/19/2010 14. Date Casing Set or D&A: 10/21/2010							
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 7229 TVD** 6984		17 Plug Back Total Depth MD 7178 TVD** 6933					
18. Elevations GR 5758 KB 5782		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, Triple Combo and CBL							

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	CALC
SURF	12+1/4	8+5/8	32#	0	978	267	0	1,030	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,219	638	2,550	7,229	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	3,258		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,786		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,960		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All depths given 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: 12/10/2010 Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400115397	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400115400	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>					
400102754	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400115395	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400115417	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400115419	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400115424	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)