

FORM  
5Rev  
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



DE ET OE ES

Document Number:

400177197

## 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 ☒ Final completion ☐ Preliminary completion

1. OGCC Operator Number: 10079 4. Contact Name: Hannah Knopping  
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION Phone: (303) 357-7323  
3. Address: 1625 17TH ST STE 300 Fax: (303) 357-7315  
City: DENVER State: CO Zip: 80202

5. API Number 05-045-20491-00 6. County: GARFIELD  
7. Well Name: Burckle Federal Well Number: A13  
8. Location: QtrQtr: NWSE Section: 16 Township: 6S Range: 92W Meridian: 6  
Footage at surface: Distance: 2051 feet Direction: FSL Distance: 2183 feet Direction: FEL  
As Drilled Latitude: 39.525261 As Drilled Longitude: -107.670214

## GPS Data:

Data of Measurement: 06/03/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

## \*\* If directional footage

at Top of Prod. Zone Distance: 810 feet Direction: FSL Distance: 1750 feet Direction: FEL  
Sec: 16 Twp: 6S Rng: 92W  
at Bottom Hole Distance: 804 feet Direction: FSL Distance: 1753 feet Direction: FEL  
Sec: 16 Twp: 6S Rng: 92W

9. Field Name: MAMM CREEK 10. Field Number: 52500  
11. Federal, Indian or State Lease Number: COC56027

12. Spud Date: (when the 1st bit hit the dirt) 04/11/2011 13. Date TD: 05/19/2011 14. Date Casing Set or D&A: 05/19/2011

## 15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 7870 TVD 7558 17 Plug Back Total Depth MD 7814 TVD 750218. Elevations GR 5561 KB 5585

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, Temp Log

## 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	84#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,267	395	0	1,284	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,860	1,126	1,360	7,870	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	4,021		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,693		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,686		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured 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: \_\_\_\_\_ Email: hknopping@anteroresources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### Attachment Check List

Att Doc Num	Name
400185525	PLAT
400191469	LAS-CEMENT BOND
400191471	LAS-MUD
400191472	LAS-TEMPERATURE
400191540	CEMENT JOB SUMMARY
400191541	DIRECTIONAL SURVEY

Total Attach: 6 Files

### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)