

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



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Document Number:  
400163325

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) 357-6412  
 3. Address: 1625 17TH ST STE 300 Fax: (303) 357-7315  
 City: DENVER State: CO Zip: 80202

5. API Number 05-045-13754-00 6. County: GARFIELD  
 7. Well Name: O'Toole Well Number: A1  
 8. Location: QtrQtr: SESE Section: 16 Township: 6S Range: 92W Meridian: 6  
 Footage at surface: Distance: 1100 feet Direction: FSL Distance: 427 feet Direction: FEL  
 As Drilled Latitude: 39.522762 As Drilled Longitude: -107.663965

GPS Data:  
Date of Measurement: 12/15/2006 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

\*\* If directional footage at Top of Prod. Zone Dist.: 949 feet. Direction: FSL Dist.: 661 feet. Direction: FEL  
 Sec: 16 Twp: 6S Rng: 92W  
 \*\* If directional footage at Bottom Hole Dist.: 952 feet. Direction: FSL Dist.: 666 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: \_\_\_\_\_

12. Spud Date: (when the 1st bit hit the dirt) 03/06/2011 13. Date TD: 04/12/2011 14. Date Casing Set or D&A: 04/12/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7682 TVD\*\* 7662 17 Plug Back Total Depth MD 7625 TVD\*\* 7605

18. Elevations GR 5652 KB 5676 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/Temperature

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	65#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,030	331	0	1,035	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,672	996	2,620	7,682	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	3,865		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,480		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,465		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All Casing Depths reported 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: 6/29/2011 Email: hknopping@anteroresources.com

#### Attachment Check List

Att Doc Num	Document Name	attached ?	
<b>Attachment Checklist</b>			
400179924	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400180339	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"/>
<b>Other Attachments</b>			
400163325	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400179925	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400180333	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400180335	LAS-TEMPERATURE	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400180336	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

#### General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)