

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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Document Number:

400198196

COMPLETED INTERVAL REPORT

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 05-045-14190-00 6. County: GARFIELD
7. Well Name: GENTRY Well Number: E8
8. Location: QtrQtr: SESW Section: 17 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>		Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>07/18/2011</u>		Date of First Production this formation: <u>09/21/2007</u>	
Perforations Top: <u>8194</u>	Bottom: <u>8303</u>	No. Holes: <u>152</u>	Hole size: <u>0.42</u>
Provide a brief summary of the formation treatment:		Open Hole: <input type="checkbox"/>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:			
<div>COZZ is T&A'd by CIBP</div>			
Date formation Abandoned: <u>07/18/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8145</u>		Sacks cement on top: <u>4</u>	

FORMATION: <u>CORCORAN</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>07/18/2011</u>		Date of First Production this formation: <u>09/21/2007</u>			
Perforations	Top: <u>8438</u>	Bottom: <u>8571</u>	No. Holes: <u>152</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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:					
<div style="border: 1px solid black; padding: 2px;">CRCRN is T&A'd by CIBP</div>					
Date formation Abandoned: <u>07/18/2011</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>8145</u>		Sacks cement on top: <u>4</u>			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>07/31/2011</u>		Date of First Production this formation: <u>09/21/2007</u>			
Perforations	Top: <u>5891</u>	Bottom: <u>7585</u>	No. Holes: <u>486</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
<div style="border: 1px solid black; padding: 2px;">Frac'd with 35,783 bbls KCL Slickwater and 764,797 lbs 20/40 sand WFCM Perfs = 414 (Original) + 72 (Recomplete) = 486</div>					
This formation is commingled with another formation:			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Test Information:					
Date: <u>08/13/2011</u>	Hours: <u>24</u>	Bbls oil: <u>0</u>	Mcf Gas: <u>740</u>	Bbls H2O: <u>288</u>	
Calculated 24 hour rate:		Bbls oil: <u>0</u>	Mcf Gas: <u>740</u>	Bbls H2O: <u>288</u>	GOR: <u>0</u>
Test Method: <u>Flowing</u>	Casing PSI: <u>13</u>	Tubing PSI: <u>0</u>	Choke Size: <u>18/64</u>		
Gas Disposition: <u>SOLD</u>	Gas Type: <u>WET</u>	BTU Gas: <u>998</u>	API Gravity Oil: <u>0</u>		
Tubing Size: <u>2 + 3/8</u>	Tubing Setting Depth: <u>6115</u>	Tbg setting date: <u>08/11/2011</u>	Packer Depth: _____		
Reason for Non-Production:					
<div style="border: 1px solid black; height: 20px;"></div>					
Date formation Abandoned: _____		Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, number of sacks cmt _____	
Bridge Plug Depth: _____		Sacks cement on top: _____			

Comment:
<div style="border: 1px solid black; height: 20px;"></div>

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.			
Signed: _____		Print Name: <u>Hannah Knopping</u>	
Title: <u>Permit Representative</u>	Date: _____	Email: <u>hknopping@anteroresources.com</u>	

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
400198198	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)