

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:

400201837

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  
2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION  
3. Address: 1625 17TH ST STE 300  
City: DENVER State: CO Zip: 80202  
4. Contact Name: Hannah Knopping  
Phone: (303) 357-6412  
Fax: (303) 357-7315

5. API Number 05-045-14606-00  
6. County: GARFIELD  
7. Well Name: SNYDER  
Well Number: C9  
8. Location: QtrQtr: SESE Section: 12 Township: 6S Range: 93W Meridian: 6  
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: COZZETTE	Status: PRODUCING
Treatment Date: 03/30/2010	Date of First Production this formation: 12/01/2007
Perforations Top: 8412 Bottom: 8495	No. Holes: 8 Hole size: 0.42
Provide a brief summary of the formation treatment:	Open Hole: <input type="checkbox"/>
A portion of the COZZ is T&A'd from 8495'-8541'	
This formation is commingled with another formation: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Test Information:</b>	
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: _____	
Upper portion of COZZ is still producing	
Date formation Abandoned: 03/30/2010	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: 8495	Sacks cement on top: 2

FORMATION: <u>CORCORAN</u>				Status: <u>TEMPORARILY ABANDONED</u>	
Treatment Date: <u>03/30/2010</u>		Date of First Production this formation: <u>12/01/2007</u>			
Perforations	Top: <u>8674</u>	Bottom: <u>8710</u>	No. Holes: <u>76</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		
<b>Test Information:</b>					
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:					
CRCRN is T&A'd by CIBP					
Date formation Abandoned: <u>03/30/2010</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, number of sacks cmt _____	
Bridge Plug Depth: <u>8495</u>		Sacks cement on top: <u>2</u>			

FORMATION: <u>WILLIAMS FORK - CAMEO</u>				Status: <u>PRODUCING</u>	
Treatment Date: <u>04/19/2010</u>		Date of First Production this formation: <u>12/01/2007</u>			
Perforations	Top: <u>6189</u>	Bottom: <u>7826</u>	No. Holes: <u>194</u>	Hole size: <u>0.42</u>	
Provide a brief summary of the formation treatment:			Open Hole: <input type="checkbox"/>		
Frac'd with 50737 bbls 2% KCL Slickwater and 1,055,700 lbs sand Total Perfs - 148 (WFCM Original) + 46 (Recomplete) = 202					
This formation is commingled with another formation:			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Test Information:</b>					
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:					
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: _____			

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED

Treatment Date: 04/19/2010 Date of First Production this formation: 12/01/2007

Perforations Top: 6189 Bottom: 8495 No. Holes: 202 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole: ☐

Total Perfs - 148 (WFCM Original) + 8 (COZZ Openl) + 46 (Recomplete) = 202

This formation is commingled with another formation: ☒ Yes ☐ No

**Test Information:**

Date: 05/04/2011 Hours: 24 Bbls oil: 0 Mcf Gas: 228 Bbls H2O: 24

Calculated 24 hour rate: \_\_\_\_\_ Bbls oil: 0 Mcf Gas: 228 Bbls H2O: 24 GOR: 0

Test Method: Flowing Casing PSI: 677 Tubing PSI: 586 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1099 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7193 Tbg setting date: 09/20/2010 Packer Depth: \_\_\_\_\_

Reason for Non-Production: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze: ☐ Yes ☐ No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

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
400201841	WIRELINE JOB SUMMARY

Total Attach: 1 Files

### **General Comments**

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

Total: 0 comment(s)