

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



DE	ET	OE	ES
----	----	----	----

Document Number:

400162839

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 05-045-14671-00 6. County: GARFIELD
7. Well Name: ROBINSON Well Number: C7
8. Location: QtrQtr: SENE 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>12/21/2009</u>		Date of First Production this formation: <u>05/24/2008</u>	
Perforations Top: <u>8378</u>	Bottom: <u>8555</u>	No. Holes: <u>33</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>12/21/2009</u>		Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8338</u>		Sacks cement on top: _____	

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 12/21/2009 Date of First Production this formation: 05/24/2008

Perforations Top: 8634 Bottom: 8779 No. Holes: 45 Hole size: 0.42

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

This formation is commingled with another formation: ☐ Yes ☒ 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: _____

CRCRN is T&A'd by CIBP

Date formation Abandoned: 12/21/2009 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8338 Sacks cement on top: _____

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 01/13/2010 Date of First Production this formation: 05/24/2008

Perforations Top: 6058 Bottom: 7794 No. Holes: 240 Hole size: 0.42

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

Recomplete on 1/13/10-1/15/10: Frac'd with 2756 bbls of 2%KCL & 936,420 lbs of sand.

Total Perfs 138 (Original) + 102 (Recomplete) = 240

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

Test Information:

Date: 01/29/2010 Hours: 24 Bbls oil: 0 Mcf Gas: 546 Bbls H2O: 106

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 546 Bbls H2O: 106 GOR: 0

Test Method: Flowing Casing PSI: 1069 Tubing PSI: 495 Choke Size: 24/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1180 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 6890 Tbg setting date: 09/12/2010 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: _____

There are some corrections to perforation information from Original Form 5A.

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
400215126	WIRELINE JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)