

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: <u>COZZETTE</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>03/30/2010</u>	Date of First Production this formation: <u>12/01/2007</u>
Perforations Top: <u>8412</u> Bottom: <u>8495</u>	No. Holes: <u>8</u> Hole size: <u>0.42</u>
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	
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:	
Upper portion of COZZ is still producing	
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: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 03/30/2010 Date of First Production this formation: 12/01/2007
Perforations Top: 8674 Bottom: 8710 No. Holes: 76 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: 03/30/2010 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8495 Sacks cement on top: 2

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 04/19/2010 Date of First Production this formation: 12/01/2007
Perforations Top: 6189 Bottom: 7826 No. Holes: 194 Hole size: 0.42

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

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: ☒ 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:

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

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: WILLIAMS FORK-ILESStatus: COMMINGLEDTreatment Date: 04/19/2010Date of First Production this formation: 12/01/2007Perforations 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: 24Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 228 Bbls H2O: 24 GOR: 0Test Method: Flowing Casing PSI: 677 Tubing PSI: 586 Choke Size: 30/64Gas Disposition: SOLD Gas Type: WET BTU Gas: 1099 API Gravity Oil: 0Tubing 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 KnoppingTitle: Permit Representative Date: 10/13/2011 Email: hknopping@anteroresources.com

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Attachment Check List

Att Doc Num	Name
400201837	FORM 5A SUBMITTED
400201841	WIRELINE JOB SUMMARY

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)