

**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



DE ET OE ES

Document Number:

400192566

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 05-045-14667-00 6. County: GARFIELD
7. Well Name: Robinson Well Number: C1
8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 2458 feet Direction: FNL Distance: 326 feet Direction: FEL
As Drilled Latitude: 39.527207 As Drilled Longitude: -107.682381

GPS Data:

Data of Measurement: 08/10/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: 1721 feet. Direction: FNL Dist.: 1984 feet. Direction: FEL
Sec: 17 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 1743 feet. Direction: FNL Dist.: 1972 feet. Direction: FEL
Sec: 17 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) 06/12/2011 13. Date TD: 07/14/2011 14. Date Casing Set or D&A: 07/15/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation16. Total Depth MD 8300 TVD** 7822 17 Plug Back Total Depth MD 8245 TVD** 776718. Elevations GR 5642 KB 5666

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:

CBL and Mud log

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	84#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,062	365	0	1,093	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,291	1,100	2,230	8,300	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

Details of work:

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	
WILLIAMS FORK	4,458		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	7,176		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	8,145		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured 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: 10/5/2011

Email: hknopping@anteroresources.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400201546	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400201547	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"/>
<u>Other Attachments</u>					
400192566	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400196129	LAS-CEMENT BOND	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400196130	LAS-MUD	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400201545	PLAT	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	REC HARD COPY CBL DOC#2203917, IN SCANNING	10/18/2011 10:57:39 AM

Total: 1 comment(s)