

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:  
400192898

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  
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 05-045-14669-00  
6. County: GARFIELD  
7. Well Name: Robinson  
Well Number: C11  
8. Location: QtrQtr: SENE Section: 17 Township: 6S Range: 92W Meridian: 6  
Footage at surface: Distance: 2457 feet Direction: FNL Distance: 316 feet Direction: FEL  
As Drilled Latitude: 39.527211 As Drilled Longitude: -107.682346

GPS Data:  
Date 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.: 1767 feet. Direction: FNL Dist.: 736 feet. Direction: FEL  
Sec: 17 Twp: 6S Rng: 92W  
\*\* If directional footage at Bottom Hole Dist.: 1775 feet. Direction: FNL Dist.: 733 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) 06/09/2011 13. Date TD: 07/31/2011 14. Date Casing Set or D&A: 08/02/2011

15. Well Classification:  
 Dry  Oil  Gas/Coalbed  Disposal  Stratigraphic  Enhanced Recovery  Storage  Observation

16. Total Depth MD 7909 TVD\*\* 7805 17 Plug Back Total Depth MD 7855 TVD\*\* 7751

18. Elevations GR 5645 KB 5669  
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, Mud log and Triple Combo

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	1,034	355	0	1,051	CALC
1ST	7+7/8	4+1/2	11.6#	0	7,899	1,040	2,300	7,909	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	4,143		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	6,797		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,757		<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 ?	
<b>Attachment Checklist</b>			
400192915	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400192916	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"/>
<b>Other Attachments</b>			
400192898	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196134	LAS-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400196140	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400201511	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400212064	LAS-TRIPLE COMBINATION	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

User Group	Comment	Comment Date
Permit	REC HARD COPY LOGS DOC#2203914, 2203920, IN SCANNING	10/18/2011 12:18:45 PM

Total: 1 comment(s)