

FORM
5Rev
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:

400233348

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 05-045-19493-00

6. County: GARFIELD

7. Well Name: Valley Farms

Well Number: I12

8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 2480 feet Direction: FSL Distance: 1865 feet Direction: FWL

As Drilled Latitude: 39.526717 As Drilled Longitude: -107.618439

GPS Data:

Date of Measurement: 12/14/2011 PDOP Reading: 2.5 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: 2202 feet. Direction: FSL Dist.: 2524 feet. Direction: FWL

Sec: 13 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2198 feet. Direction: FSL Dist.: 2531 feet. Direction: FWL

Sec: 13 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) 09/28/2011 13. Date TD: 11/25/2011 14. Date Casing Set or D&A: 11/27/2011

15. Well Classification:

☐ Dry ☐ Oil ☒ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7339 TVD** 7247 17 Plug Back Total Depth MD 7284 TVD** 7190

18. Elevations GR 5655 KB 5679

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, Temp, 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 | 55# | 0 | 124 | 177 | 0 | 124 | CALC |
| SURF | 12+1/4 | 8+5/8 | 32# | 0 | 1,030 | 385 | 0 | 1,079 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 7,329 | 917 | 2,550 | 7,339 | 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 | 3,546 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,093 | | <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 KnoppingTitle: Permit Representative

Date: _____

Email: hknopping@anteroresources.com**Attachment Check List**

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|------------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400233403 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400243816 | 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> | | | | | |
| 400233398 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400233399 | LAS-TEMPERATURE | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400233400 | LAS-TRIPLE COMBINATION | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400233402 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400243721 | PLAT | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400243830 | DIRECTIONAL DATA | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General CommentsUser GroupCommentComment Date

| | | |
|--|--|--|
| | | |
|--|--|--|

Total: 0 comment(s)