

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:

400251015

Date Received:

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: Shauna Redican
Phone: (303) 357-6820
Fax: (303) 357-7315

5. API Number 05-045-14241-00
6. County: GARFIELD
7. Well Name: SNYDER Well Number: A11
8. Location: QtrQtr: NWNW Section: 13 Township: 6S Range: 93W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: <u>COZZETTE</u>	Status: <u>TEMPORARILY ABANDONED</u>
Treatment Date: <u>01/10/2012</u>	Date of First Production this formation: <u>09/02/2007</u>
Perforations Top: <u>8469</u> Bottom: <u>8612</u>	No. Holes: <u>152</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:	
<u>COZZ is TA'd by CIBP</u>	
Date formation Abandoned: <u>01/10/2012</u>	Squeeze: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, number of sacks cmt _____
Bridge Plug Depth: <u>8450</u>	Sacks cement on top: <u>4</u>

FORMATION: CORCORAN Status: TEMPORARILY ABANDONED

Treatment Date: 01/10/2012 Date of First Production this formation: 09/02/2007

Perforations Top: 8740 Bottom: 8879 No. Holes: 152 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 TA'd by CIBP

Date formation Abandoned: 01/10/2012 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____

Bridge Plug Depth: 8450 Sacks cement on top: 4

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 08/16/2007 Date of First Production this formation: 09/02/2007

Perforations Top: 6857 Bottom: 7916 No. Holes: 296 Hole size: 0.42

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

WFCM (Original Frac)- Frac'd with 26,499 bbls of 2% KCL and 487,615 lbs 20/40 sand

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

Test Information:

Date: 01/30/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 130 Bbls H2O: 0

Calculated 24 hour rate: _____ Bbls oil: 0 Mcf Gas: 130 Bbls H2O: 0 GOR: 0

Test Method: Flowing Casing PSI: 693 Tubing PSI: 948 Choke Size: 28/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1030 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7352 Tbg setting date: 01/11/2012 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:

No wellbore diagram available.

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Shauna Redican

Title: Permit Representative Date: _____ Email: sredican@anteroresources.com

Attachment Check List

Att Doc Num	Name
400251165	WIRELINER JOB SUMMARY

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)