State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109

DRILLING COMPLETION REPORT

DE	ET	OE	ES

Document Number:

400263553

Date Received:

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: Shauna Redican

Phone: (303) 357-6820

Fax: (303) 357-7315

5. API Number   05-045-14372-00

6. County: GARFIELD

7. Well Name: DIXON FED CA   Well Number: B6

8. Location: QtrQtr: NWSW   Section: 15   Township: 6S   Range: 92W   Meridian: 6

Footage at surface: Distance: 1581 feet   Direction: FSL   Distance: 762 feet   Direction: FWL

As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

** If directional footage at Top of Prod. Zone   Dist.: 1061 feet. Direction: FSL   Dist.: 2381 feet. Direction: FEL

Sec: 15   Twp: 6S   Rng: 92W

** If directional footage at Bottom Hole   Dist.: 1048 feet. Direction: FSL   Dist.: 2312 feet. Direction: FEL

Sec: 15   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) 07/12/2011   13. Date TD: 02/25/2012   14. Date Casing Set or D&A: 02/26/2012

15. Well Classification:

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

16. Total Depth   MD   8146   TVD**   7455   17 Plug Back Total Depth   MD   8090   TVD**   7399

18. Elevations   GR   5513   KB   5537   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:

Temp Log, CBL, 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	55#	0	84	177	0	84	CALC
SURF	12+1/4	8+5/8	32#	0	1,026	365	0	1,030	CALC
1ST	7+7/8	4+1/2	11.6#	0	8,136	1,105	1,948	8,146	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	4,020		☐	☐	
ROLLINS	7,973		☐	☐	

Comment:

All casing depths are measured from KB. As Drilled Plat and Lat/Long SHL location will be submitted with the final completion report.

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	Document Name	attached ?			

Attachment Checklist

Att Doc Num	Document Name				
400263855	CMT Summary *	Yes	☒	No	☐
	Core Analysis	Yes	☐	No	☒
400263853	Directional Survey **	Yes	☒	No	☐
	DST Analysis	Yes	☐	No	☒
	Logs	Yes	☒	No	☐
	Other	Yes	☐	No	☒

Other Attachments

Att Doc Num	Document Name				
400263850	LAS-CEMENT BOND	Yes	☒	No	☐
400263851	LAS-MUD	Yes	☒	No	☐
400263852	LAS-TEMPERATURE	Yes	☒	No	☐
400263854	DIRECTIONAL DATA	Yes	☒	No	☐

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)