

FORM 5A

Rev 02/08

State of Colorado Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



Table with 4 columns: DE, ET, OE, ES

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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 05-045-20427-00
6. County: GARFIELD
7. Well Name: DIXON FED CA
Well Number: B14
8. Location: QtrQtr: NWSW Section: 15 Township: 6S Range: 92W Meridian: 6
9. Field Name: MAMM CREEK Field Code: 52500

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING

Treatment Date: 03/18/2012 Date of First Production this formation: 03/19/2012

Perforations Top: 6263 Bottom: 7927 No. Holes: 208 Hole size: 0.37

Provide a brief summary of the formation treatment: Open Hole: []

WFCM - Frac'd with 89,700 bbls 2% Slickwater, 1,398,700 lbs 30/50 Sand, 864,400 20/40 Sand, 237,300 20/40 SLC sand

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 04/20/2012 Hours: 24 Bbls oil: 0 Mcf Gas: 2768 Bbls H2O: 540

Calculated 24 hour rate: Bbls oil: 0 Mcf Gas: 2768 Bbls H2O: 540 GOR: 0

Test Method: Flowing Casing PSI: 900 Tubing PSI: 1600 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET BTU Gas: 1124 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7506 Tbg setting date: 04/09/2012 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

<u>Att Doc Num</u>	<u>Name</u>

Total Attach: 0 Files

General Comments

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

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