

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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 05-045-19375-00 6. County: GARFIELD 7. Well Name: McLin Well Number: B9 8. Location: QtrQtr: NENE Section: 13 Township: 6S Range: 92W Meridian: 6 9. Field Name: KOKOPELLI Field Code: 47525

Completed Interval

FORMATION: ROLLINS Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/29/2011 End Date: 09/04/2011 Date of First Production this formation: 09/06/2011 Perforations Top: 7049 Bottom: 7064 No. Holes: 12 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: [ ] Frac'd with 4,533 BBLS 2% KCL Slickwater, 80,700 lbs 20/40 Sand, 9,600 lbs 20/40 SLC Sand

This formation is commingled with another formation: [X] Yes [ ] No Total fluid used in treatment (bbl): Max pressure during treatment (psi): Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): Type of gas used in treatment: Number of staged intervals: Total acid used in treatment (bbl): Max frac gradient (psi/ft): Recycled water used in treatment (bbl): Flowback volume recovered (bbl): Fresh water used in treatment (bbl): Disposition method for flowback: Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O: Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl 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: Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt Bridge Plug Depth: Sacks cement on top:

FORMATION: WILLIAMS FORK - CAMEO Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/29/2011 End Date: 09/04/2011 Date of First Production this formation: 09/06/2011

Perforations Top: 5643 Bottom: 6940 No. Holes: 154 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Frac'd with 69,824 BBLs 2% KCL Slickwater, 1,285,500 lbs 20/40 Sand, 153,200 lbs 20/40 SLC Sand

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): \_\_\_\_\_ Max pressure during treatment (psi): \_\_\_\_\_

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Number of staged intervals: \_\_\_\_\_

Total acid used in treatment (bbl): \_\_\_\_\_ Max frac gradient (psi/ft): \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): \_\_\_\_\_ Disposition method for flowback: RECYCLE

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: \_\_\_\_\_ Hours: \_\_\_\_\_ Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl H2O: \_\_\_\_\_

Calculated 24 hour rate: Bbl oil: \_\_\_\_\_ Mcf Gas: \_\_\_\_\_ Bbl 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: \_\_\_\_\_

Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

FORMATION: WILLIAMS FORK-ILES Status: COMMINGLED Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/29/2011 End Date: 09/04/2011 Date of First Production this formation: 09/06/2011  
Perforations Top: 5643 Bottom: 7064 No. Holes: 166 Hole size: 0.42

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

See individual formations for treatment summary

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 65291 Max pressure during treatment (psi): 6441

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.37

Type of gas used in treatment: \_\_\_\_\_ Number of staged intervals: 7

Total acid used in treatment (bbl): 0 Max frac gradient (psi/ft): 1.18

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): 1659

Fresh water used in treatment (bbl): 0 Disposition method for flowback: RECYCLE

Total proppant used (lbs): 1438700 Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: \_\_\_\_\_

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 09/14/2011 Hours: 24 Bbl oil: 0 Mcf Gas: 2144 Bbl H2O: 1355

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 2144 Bbl H2O: 1355 GOR: 0

Test Method: Flowing Casing PSI: 950 Tubing PSI: 1350 Choke Size: 32/64

Gas Disposition: SOLD Gas Type: WET Btu Gas: 1113 API Gravity Oil: 0

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7123 Tbg setting date: 09/13/2011 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:  
 Please note: this 5A is being submitted to correct the reported producing formation from Williams Fork (WMFK) (reported on the original 5A submitted 10-27-11) to Williams Fork-Cameo (WFCM).

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: 6/25/2012 Email: sredican@anteroresources.com

**Attachment Check List**

Att Doc Num	Name
400290638	FORM 5A SUBMITTED

Total Attach: 1 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)