

FORM
5

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



DE ET OE ES

Document Number:

400302039

Date Received:

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
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 05-045-19496-00
6. County: GARFIELD
7. Well Name: VALLEY FARMS Well Number: I1H
8. Location: QtrQtr: NESW Section: 13 Township: 6S Range: 92W Meridian: 6
Footage at surface: Distance: 2444 feet Direction: FSL Distance: 1765 feet Direction: FWL
As Drilled Latitude: 39.526614 As Drilled Longitude: -107.618795

GPS Data:

Date of Measurement: 07/06/2012 PDOP Reading: 2.5 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

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) 03/19/2012 13. Date TD: 05/16/2012 14. Date Casing Set or D&A:

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8230 TVD** 8299 17 Plug Back Total Depth MD TVD**

18. Elevations GR 5656 KB 5686

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:

Mud Log and CBL

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	20	94#	0	150	177	0	150	CALC
SURF	17+1/2	16	75#	0	800	635	0	800	CALC
1ST	13+1/2	11+3/4	60#	0	8,223	1,255	2,000	8,230	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	3,484		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	7,051		<input type="checkbox"/>	<input type="checkbox"/>	
COZZETTE	7,641		<input type="checkbox"/>	<input type="checkbox"/>	
CORCORAN	7,855		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

All casing depths are measured from KB. Antero shut down operations on the subject well 5/18/2012. The well was drilled to 8230' and intermediate casing was set and cemented. Antero plans to return to the well in the future, depending on rig availability and market conditions, drill to TD and commence completions.

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			
400302245	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>
Other Attachments			
400302243	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400305894	PLAT	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)