

FORM
5Rev
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:

400176762

Date Received:

08/04/2011

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

4. Contact Name: Hannah Knopping

2. Name of Operator: ANTERO RESOURCES PICEANCE CORPORATION

Phone: (303) 357-7323

3. Address: 1625 17TH ST STE 300

Fax: (303) 357-7315

City: DENVER State: CO Zip: 80202

5. API Number 05-045-17096-00

6. County: GARFIELD

7. Well Name: BURCKLE FED CA

Well Number: A10

8. Location: QtrQtr: NWSE Section: 16 Township: 6S Range: 92W Meridian: 6

Footage at surface: Distance: 2059 feet Direction: FSL Distance: 2222 feet Direction: FEL

As Drilled Latitude: 39.525281 As Drilled Longitude: -107.670353

GPS Data:

Data of Measurement: 06/03/2011 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage at Top of Prod. Zone Dist.: 2031 feet. Direction: FSL Dist.: 1967 feet. Direction: FWL

Sec: 16 Twp: 6S Rng: 92W

** If directional footage at Bottom Hole Dist.: 2029 feet. Direction: FSL Dist.: 1964 feet. Direction: FWL

Sec: 16 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) 03/29/2011 13. Date TD: 05/02/2011 14. Date Casing Set or D&A: 05/02/2011

15. Well Classification:

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

16. Total Depth MD 7806 TVD** 7620 17 Plug Back Total Depth MD 7749 TVD** 7563

18. Elevations GR 5559 KB 5582

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, CBL, Temp

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 | 84# | 0 | 84 | 177 | 0 | 84 | CALC |
| SURF | 12+1/4 | 8+5/8 | 32# | 0 | 1,270 | 400 | 0 | 1,284 | CALC |
| 1ST | 7+7/8 | 4+1/2 | 11.6# | 0 | 7,796 | 1,075 | 2,120 | 7,806 | 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 | 3,975 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| CAMEO | 6,616 | | <input type="checkbox"/> | <input type="checkbox"/> | |
| ROLLINS | 7,640 | | <input type="checkbox"/> | <input type="checkbox"/> | |

Comment:

All casing depths are measured from KB.

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

Signed: _____

Print Name: Hannah Knopping

Title: Permit Representative

Date: 8/4/2011

Email: hknopping@anteroresources.com

Attachment Check List

| Att Doc Num | Document Name | attached ? | | | |
|-----------------------------|-----------------------|------------|-------------------------------------|----|-------------------------------------|
| <u>Attachment Checklist</u> | | | | | |
| 400191451 | CMT Summary * | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| | Core Analysis | Yes | <input type="checkbox"/> | No | <input checked="" type="checkbox"/> |
| 400191453 | Directional Survey ** | Yes | <input checked="" type="checkbox"/> | No | <input 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"/> |
| <u>Other Attachments</u> | | | | | |
| 400176762 | FORM 5 SUBMITTED | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400185523 | PLAT | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400191456 | LAS-CEMENT BOND | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400191457 | LAS-MUD | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |
| 400192628 | LAS-TEMPERATURE | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/> |

General Comments

| User Group | Comment | Comment Date |
|------------|---|-------------------------|
| Permit | in reviewing Form 5's for the rest of this pad, I asked operator for top Williams Fork & lles to match permitted fms. on APD. Operator agreed to change top Mesaverde to top Williams Fork. | 10/3/2011 2:20:04 PM |

Total: 1 comment(s)