

FORM
5

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400080165

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) 357-6412
3. Address: 1625 17TH ST STE 300 Fax: (303) 357-7315
City: DENVER State: CO Zip: 80202

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
Footage at surface: Direction: FNL Distance: 1278 Direction: FEL Distance: 441
As Drilled Latitude: 39.530961 As Drilled Longitude: 107.608011

GPS Data:

Data of Measurement: 07/22/2010 PDOP Reading: 1.3 GPS Instrument Operator's Name: Scott E. Aibner

** If directional footage

at Top of Prod. Zone Distance: 1883 Direction: FNL Distance: 685 Direction: FWL
at Bottom Hole Distance: 1877 Direction: FNL Distance: 686 Direction: FWL

9. Field Name: KOKOPELLI 10. Field Number: 47525

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 06/18/2010 13. Date TD: 06/25/2010 14. Date Casing Set or D&A: 06/26/2010

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7221 TVD 6980 17 Plug Back Total Depth MD 7169 TVD 6927

18. Elevations GR 5649 KB 5673

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:

CBL and Triple Combo

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
CONDUCTOR	24	16	55#	86	177	86	0
SURF	12+1/4	8+5/8	32#	1,003	259	1,010	0
1ST	7+7/8	4+1/2	11.6#	7,211	518	7,221	2,850

REMEDIAL CEMENT

Cement work date: _____

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	
MESAVERDE	3,391		<input type="checkbox"/>	<input type="checkbox"/>	
CAMEO	5,794		<input type="checkbox"/>	<input type="checkbox"/>	
ROLLINS	6,978		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Casing depths are 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: _____

Email: hknopping@anteroresources.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name	Doc Description
400080173	LAS-CEMENT BOND	MCLIN_B9_CBL.las
400080177	LAS-TRIPLE COMBINATION	MCLIN_B9_MAIN_RPM.las
400080178	DIRECTIONAL SURVEY	McLin B9_Final Directional Survey.pdf
400080179	PLAT	McLin B9 As Drilled Plat.pdf
400090777	CMT SUMMARY	Antero Mclin B9 Surface PJR.PDF

Total Attach: 5 Files