

State of Colorado
Oil and Gas Conservation Commission

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



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SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

RECEIVED

APR 25 2011

COGCC/Rifle Office

1. OGCC Operator Number: 10255	4. Contact Name: Cindy Keister
2. Name of Operator: Quicksilver Resources Inc	Phone: (817) 665-5572
3. Address: 801 Cherry Street, Suite 3700, Un. 19	Fax: (187) 665-5009
City: Fort Worth State: TX Zip 76054	
5. API Number 05-081-07455-00	OGCC Facility ID Number
6. Well/Facility Name: Moffat County	7. Well/Facility Number 1-8
8. Location (Qtr/Sec, Twp, Rng, Meridian): SW/SE Section 8, T9N, R94W	
9. County: Moffat	10. Field Name: Wildcat
11. Federal, Indian or State Lease Number: NA	

Complete the Attachment Checklist

OP OGCC

Survey Plat		
Directional Survey		
Surface Eqpm Diagram		
Technical Info Page		
Other		

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

Change of Surface Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Surface Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage from Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change of Bottomhole Footage to Exterior Section Lines:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Bottomhole location Qtr/Sec, Twp, Rng, Mer _____

Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____

Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No ☐

Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

attach directional survey

GPS DATA:

Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	Signed surface use agreement attached

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date: _____	From: _____	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To: _____	
	Effective Date: _____	

<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned: _____
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection: _____	MIT required if shut in longer than two years. Date of last MIT _____

<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
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<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries
Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____	

<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date: _____	Date Work Completed: _____

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input checked="" type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other: _____	for Spills and Releases

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

Signed: Cindy Keister Date: 04/22/11 Email: ckelster@grinc.com

Print Name: Cindy Keister Title: Director Regulatory Affairs

COGCC Approved: [Signature] Title: EIT 3 Date: 4/25/2011

CONDITIONS OF APPROVAL, IF ANY:

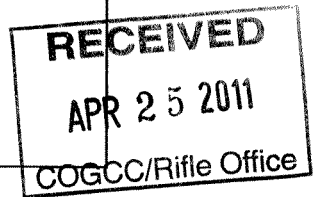
TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number:	10255	API Number:	081-07455-00
2. Name of Operator:	Quicksilver Resources Inc.		OGCC Facility ID #
3. Well/Facility Name:	Moffat County	Well/Facility Number:	1-8
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SW/SE Section 8, T9N, 94W		

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.



5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

We are having trouble with the well hydrating down the tubing. QRI requests permission to flare the well to the atmosphere for approximately 2-3 days to unload the well. We anticipate flaring approximately 3-4 million cubic feet per day. As soon as the well is unloaded, it will be put back into the gas pipeline.

This will be production gas and a gas analysis is included in this submittal.

The estimated flare volume will be reported on the COGCC monthly Form 7.

Notificaitons to local emergency dispatch will be made prior to flaring.

All flaring will be in compliance with our current air permit.

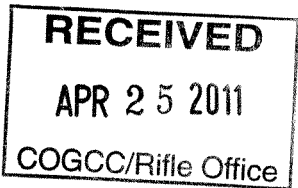
PRECISION MEASUREMENT, INC.
P.O.Box 3659
745 North Circle Drive
Casper, WY. 82602

4/25/2011 8:20 AM
Phone: 307-237-9327
800-624-7260
Fax: 307-577-4139
E Mail: pmi@tribcsp.com

GAS ANALYSIS REPORT

Analysis For: QUICKSILVER RESOURCES INC.
Field Name:
Well Name: MOFFAT 1-8
Station Number:
Purpose: SPOT CHECK
Sample Deg. F: 130
Volume/Day:
Formation:
Line PSIG: 320
Line PSIA:

Run No: 7772-1
Date Run: 1/14/10
Date Sampled: 1/7/10
Producer:
County: MOFFAT
State: CO
Sampled By: S.L.
Atmos Deg. F: -6



GAS COMPONENTS
MOL% Gal/Mcf

Carbon Dioxide	C02:	1.7264	
Nitrogen	N2:	0.1578	
Hydrogen Sulfide	H2s:	0.0000	
Methane	C1:	92.0135	
Ethane	C2:	3.7790	1.0084
Propane	C3:	1.1199	0.3079
Iso-Butane	IC4:	0.2443	0.0798
Nor-Butane	NC4:	0.2295	0.0722
Iso-Pentane	IC5:	0.1288	0.0470
Nor-Pentane	NC5:	0.0753	0.0272
Cyclopentane		0.0000	0.0000
n-Hexane		0.0672	
Cyclohexane		0.0778	
Other Hexanes		0.1311	
Heptanes		0.2063	
Methylcyclohexane		0.0000	
2,2,4 Trimethylpentane		0.0091	
Benzene		0.0169	
Toluene		0.0000	
Ethylbenzene		0.0000	
Xylenes		0.0000	
Octanes		0.0171	
Nonanes		0.0000	
Decanes		0.0000	
		100.000	1.5424

Pressure Base: 14.7300
Real BTU Dry: 1052.7832
Real BTU Wet: 1034.4648
Calc. Ideal Gravity: 0.6083
Calc. Real Gravity: 0.6095
Field Gravity:
Standard Pressure: 14.6960
BTU Dry: 1050.3674
BTU Wet: 1032.0910
Z Factor: 0.9977
Avg Mol Weight: 17.6186
Avg CuFt/Gal: 57.5988
Ethane+ Gal/Mcf: 1.5424
Propane+ Gal/Mcf: 0.5341
Butane+ Gal/Mcf: 0.2262
Pentane+ Gal/Mcf: 0.0742

Analysis By: EVELYN SWANSON
Approved By:

Remarks:

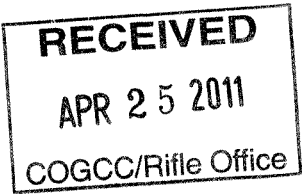
PRECISION MEASUREMENT, INC.
P.O.Box 3659
745 North Circle Drive
Casper, WY. 82602

GAS ANALYSIS REPORT

4/25/2011 8:20 AM
Phone: 307-237-9327
800-624-7260
Fax: 307-577-4139
E Mail: pmi@tribcsp.com

Analysis For: QUICKSILVER RESOURCES INC.
Field Name:
Well Name: MOFFAT 1-8
Station Number:
Purpose: SPOT CHECK
Sample Deg. F: 130
Volume/Day:
Formation:
Line PSIG: 320
Line PSIA:

Run No: 7772-2
Date Run: 1/14/10
Date Sampled: 1/7/10
Producer:
County: MOFFAT
State: CO
Sampled By: S.L.
Atmos Deg. F: -6



GAS COMPONENTS			
		MOL%	Gal/Mcf
Carbon Dioxide	C02:	0.4829	
Nitrogen	N2:	0.1621	
Hydrogen Sulfide	H2s:	0.0000	
Methane	C1:	93.1495	
Ethane	C2:	3.8263	1.0210
Propane	C3:	1.1375	0.3127
Iso-Butane	IC4:	0.2498	0.0815
Nor-Butane	NC4:	0.2369	0.0745
Iso-Pentane	IC5:	0.1387	0.0507
Nor-Pentane	NC5:	0.0826	0.0298
Cyclopentane		0.0000	0.0000
n-Hexane		0.0617	
Cyclohexane		0.0675	
Other Hexanes		0.1273	
Heptanes		0.2169	
Methylcyclohexane		0.0000	
2,2,4 Trimethylpentane		0.0110	
Benzene		0.0206	
Toluene		0.0000	
Ethylbenzene		0.0000	
Xylenes		0.0000	
Octanes		0.0286	
Nonanes		0.0000	
Decanes		0.0000	
		100.000	1.5703

Pressure Base: 14.7300
Real BTU Dry: 1066.7473
Real BTU Wet: 1048.1859
Calc. Ideal Gravity: 0.5972
Calc. Real Gravity: 0.5983
Field Gravity:
Standard Pressure: 14.6960
BTU Dry: 1064.2994
BTU Wet: 1045.7806
Z Factor: 0.9977
Avg Mol Weight: 17.2967
Avg CuFt/Gal: 57.5762
Ethane+ Gal/Mcf: 1.5703
Propane+ Gal/Mcf: 0.5493
Butane+ Gal/Mcf: 0.2365
Pentane+ Gal/Mcf: 0.0805

Analysis By: EVELYN SWANSON
Approved By:

Remarks: