

FORM
4
Rev 12/05

State of Colorado

Oil and Gas Conservation Commission

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

DOCUMENT
#2214976

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
7/11/2011

1. OGCC Operator Number: <u>10255</u>	4. Contact Name <u>Todd Hutson</u>	Complete the Attachment Checklist OP OGCC
2. Name of Operator: <u>Quicksilver Resources Inc.</u>	Phone: <u>(817) 665-5434</u>	
3. Address: <u>801 Cherry St., Suite 3700, Unit #19</u> City: <u>Fort Worth</u> State: <u>TX</u> Zip: <u>76102</u>	Fax: <u>(817) 665-5009</u>	
5. API Number <u>05-081-07455-00</u>	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: <u>Moffat County</u>	7. Well/Facility Number <u>01-08</u>	Directional Survey
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): <u>SWSE Section 8, T9N, R94W, 6th P.M.</u>		Surface Eqpm Diagram
9. County: <u>Moffat</u>	10. Field Name: <u>Wildcat</u>	Technical Info Page <input checked="" type="checkbox"/>
11. Federal, Indian or State Lease Number: <u>NA</u>		Other

General Notice

<input type="checkbox"/> 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:	<table><tr><td></td><td>FNL/FSL</td><td></td><td>FEL/FWL</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>		FNL/FSL		FEL/FWL				
	FNL/FSL		FEL/FWL						
Change of Surface Footage to Exterior Section Lines:	<table><tr><td></td><td></td><td></td><td></td></tr></table>								
Change of Bottomhole Footage from Exterior Section Lines:	<table><tr><td></td><td></td><td></td><td></td></tr></table>								
Change of Bottomhole Footage to Exterior Section Lines:	<table><tr><td></td><td></td><td></td><td></td></tr></table> attach directional survey								
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer									
Latitude	Distance to nearest property line								
Longitude	Distance to nearest bldg, public rd, utility or RR								
Ground Elevation	Distance to nearest lease line								
	Is location in a High Density Area (rule 603b)? Yes/No <input type="checkbox"/>								
	Distance to nearest well same formation								
	Surface owner consultation date: _____								
GPS DATA:									
Date of Measurement	PDOP Reading								
	Instrument Operator's Name								
<input type="checkbox"/> CHANGE SPACING UNIT									
Formation	Formation Code								
Spacing order number	Unit Acreage								
	Unit configuration								
<input type="checkbox"/> Remove from surface bond									
Signed surface use agreement attached									
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):									
Effective Date:									
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual									
<input type="checkbox"/> CHANGE WELL NAME									
From:	NUMBER								
To:									
Effective Date:									
<input type="checkbox"/> ABANDONED LOCATION:									
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Date Ready for Inspection: _____									
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS									
Date well shut in or temporarily abandoned:									
Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No									
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)									
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK									
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 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 checked="" type="checkbox"/> Other: Reclaim Drilling Pit	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
Print Name: Cindy KeisterDate: 07/11/2011 Email: ckeister@qrrc.comTitle: Director Regulatory Affairs

COGCC Approved: _____

Title: _____

Date: _____

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:	01-08
4. Location (QtrQtr, Sec, Twp, Rng, Meridian):	SWSE Section 8, T9N, R94W, 6th P.M.		

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

"Quicksilver Resources intends to close the drilling reserve pits at the two subject locations below in accordance with COGCC rules by removing the contents of the pit(s), including the synthetic liner, and transporting the material off-site to an approved waste disposal facility. Previous closure plans included threatening the soils on-site. COGCC remediation numbers are listed below for your reference.

REM # 5277

The pit floor will be sampled for compliance with COGCC Table 910-1."