

FORM
5Rev
02/08State 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:

400190404

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: 10255

4. Contact Name: CINDY KEISTER

2. Name of Operator: QUICKSILVER RESOURCES INC

Phone: (817) 665-5572

3. Address: 801 CHERRY ST - #3700 UNIT 19

Fax: (817) 665-5009

City: FT WORTH State: TX Zip: 76102

5. API Number 05-081-07654-00

6. County: MOFFAT

7. Well Name: Weber

Well Number: 32-4

8. Location: QtrQtr: SWNE Section: 4 Township: 6N Range: 92W Meridian: 6

Footage at surface: Distance: 2179 feet Direction: FNL Distance: 2110 feet Direction: FEL

As Drilled Latitude: 40.501203 As Drilled Longitude: -107.722964

GPS Data:

Data of Measurement: 07/21/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Robert L Kay

** If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

at Bottom Hole Distance: feet Direction: Distance: feet Direction:

Sec: Twp: Rng:

9. Field Name: BELL ROCK

10. Field Number: 6020

11. Federal, Indian or State Lease Number: COC64881

12. Spud Date: (when the 1st bit hit the dirt) 06/14/2011 13. Date TD: 06/24/2011 14. Date Casing Set or D&A: 06/27/2011

15. Well Classification:

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

16. Total Depth MD 7695 TVD 7690 17 Plug Back Total Depth MD TVD

18. Elevations GR 6669 KB 6686

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:

Intermediate - Caliper, Array Induction Tool; Production - Caliper, ECS, Triple Combo, OBMI

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	20	16		0	40		0	40	
SURF	12+1/4	9+5/8	36	16	1,216	290	0	1,218	CALC
1ST	8+3/4	7	26	16	6,136	600	0	6,136	CALC
2ND	6+1/8	4+1/2	13.5	16	7,695	200	3,000	7,695	CALC

ADDITIONAL CEMENT

Cement work date: _____

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
ILES	1,668		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,125		<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	3,342		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,139		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
CARLILE	7,594		<input type="checkbox"/>	<input type="checkbox"/>	Tow Creek - 6470 (MD Top); Wolf Mountain - 6612 (MD Top). Coring Analysis will be sent as soon as available.

Comment:

Core Analysis will be sent as soon as available. CBL not run on surface and intermediate casing; CBL will be run on production casing and will be sent as soon as available. Thank you.

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

Signed: _____

Print Name: Tami Humphrey

Title: Regulatory Analyst

Date: _____

Email: thumphrey@qinc.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
400190426	DIRECTIONAL SURVEY
400190721	WELLBORE DIAGRAM
400192265	LAS-SONIC
400192268	PDF-CALIPER
400192269	PDF-INDUCTION
400192270	LAS-MUD
400192271	LAS-SONIC
400192272	PDF-CALIPER
400192273	PDF-PLATFORM EXPRESS
400192274	PDF-TRIPLE COMBINATION

Total Attach: 10 Files

General Comments

User Group	Comment	Comment Date
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Total: 0 comment(s)