

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:

400225739

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 05-081-07679-00 6. County: MOFFAT
 7. Well Name: Bret Granbouche Well Number: 24-02H
 8. Location: QtrQtr: SESW Section: 2 Township: 6N Range: 92W Meridian: 6
 Footage at surface: Distance: 665 feet Direction: FSL Distance: 1983 feet Direction: FWL
 As Drilled Latitude: 40.494392 As Drilled Longitude: -107.689269

GPS Data:
Data of Measurement: 10/28/2011 PDOP Reading: 1.7 GPS Instrument Operator's Name: Robert L Kay

** If directional footage at Top of Prod. Zone Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____
 ** If directional footage at Bottom Hole Dist.: _____ feet. Direction: _____ Dist.: _____ feet. Direction: _____
 Sec: _____ Twp: _____ Rng: _____

9. Field Name: WILDCAT 10. Field Number: 99999
 11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 09/27/2011 13. Date TD: 10/06/2011 14. Date Casing Set or D&A: 10/21/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8450 TVD** _____ 17 Plug Back Total Depth MD 6400 TVD** _____

18. Elevations GR 6634 KB 6650 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, Quad Combo, Mud Log

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	0	40	CALC
SURF	12+1/4	9+5/8	36	16	1,208	395	0	1,208	VISU
1ST	8+3/4	7	26	16	6,397	605	0	6,400	CALC
2ND	6+1/8	4+1/2	13.5	16	12,480	595	5,000	12,480	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/pref 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	
MESAVERDE	1,213		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,602		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,810		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,350		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is for the pilot hole (vertical). An additional Form 5 will be sent for the horizontal. Directional Survey is only to steer the well.

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

The subreport 'subreport3' could not be found at the specified location W:\Inetpub\Net\Reports\AttachListNew.rdlc. Please

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>

Total: 0 comment(s)