

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



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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:

Date 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@qrinc.com

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

### General Comments

User Group	Comment	Comment Date

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Total: 0 comment(s)