

FORM  
5A  
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:  
400242821

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 10255  
2. Name of Operator: QUICKSILVER RESOURCES INC  
3. Address: 801 CHERRY ST - #3700 UNIT 19  
City: FT WORTH State: TX Zip: 76102  
4. Contact Name: CINDY KEISTER  
Phone: (817) 665-5572  
Fax: (817) 665-5002

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  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING  
Treatment Date: 11/04/2011 Date of First Production this formation: 12/29/2011  
Perforations Top: 8691 Bottom: 12401 No. Holes: 546 Hole size: 3 + 1/8  
Provide a brief summary of the formation treatment: 735,126 gals of gelled butane. 686,560 lbs of 20/40 CRC sand. Open Hole:   
This formation is commingled with another formation:  Yes  No  
**Test Information:**  
Date: 01/19/2012 Hours: 24 Bbls oil: 576 Mcf Gas: 492 Bbls H2O: 0  
Calculated 24 hour rate: Bbls oil: 576 Mcf Gas: 492 Bbls H2O: 0 GOR: \_\_\_\_\_  
Test Method: Flowing Casing PSI: 1300 Tubing PSI: \_\_\_\_\_ Choke Size: 32/64  
Gas Disposition: FLARED Gas Type: DRY BTU Gas: 1250 API Gravity Oil: 41  
Tubing Size: \_\_\_\_\_ Tubing Setting Depth: \_\_\_\_\_ Tbg setting date: \_\_\_\_\_ Packer Depth: \_\_\_\_\_  
Reason for Non-Production: \_\_\_\_\_  
Date formation Abandoned: \_\_\_\_\_ Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_  
Bridge Plug Depth: \_\_\_\_\_ Sacks cement on top: \_\_\_\_\_

Comment:  
\_\_\_\_\_

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

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

**Attachment Check List**

Att Doc Num	Name
400246618	OTHER
400246621	WELLBORE DIAGRAM

Total Attach: 2 Files

**General Comments**

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

Total: 0 comment(s)