

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



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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 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) 665-5002  
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  
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

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

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@qinc.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**

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

Total: 0 comment(s)