

FORM  
5

Rev  
02/08

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400291856

Date Received:

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  
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) 665-5009

5. API Number 05-081-07722-00  
6. County: MOFFAT  
7. Well Name: SIMOES Well Number: 12-30  
8. Location: QtrQtr: LOT 9 Section: 30 Township: 6N Range: 90W Meridian: 6  
Footage at surface: Distance: 1984 feet Direction: FNL Distance: 767 feet Direction: FWL  
As Drilled Latitude: 40.450753 As Drilled Longitude: -107.541000

GPS Data:  
Date of Measurement: 06/07/2012 PDOP Reading: 1.2 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) 05/17/2012 13. Date TD: 05/31/2012 14. Date Casing Set or D&A: 05/30/2012

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

16. Total Depth MD 8480 TVD\*\* 17 Plug Back Total Depth MD 8432 TVD\*\*

18. Elevations GR 6681 KB 16  
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:  
Platform Express, MWD Gamma Ray

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	20	100	20		CALC
SURF	12+1/4	9+5/8	36	16	1,253	400	0	1,255	VISU
1ST	8+3/4	7	26	16	6,496	420	800	6,500	CALC
2ND	6+1/8	13+1/2	13.5	16	8,479	250	4,500	8,481	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	
ILES	2,062		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,665		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,673		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,032		<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	8,310		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Directional Survey only to steer the well. CBL has not been run yet.

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

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400297061	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400297064	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

**General Comments**

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

Total: 0 comment(s)