

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:

400268997

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

4. Contact Name: TAMI HUMPHREY

2. Name of Operator: QUICKSILVER RESOURCES INC

Phone: (817) 665-4876

3. Address: 801 CHERRY ST - #3700 UNIT 19

Fax: (817) 665-5009

City: FT WORTH State: TX Zip: 76102

5. API Number 05-107-06248-00

6. County: ROUTT

7. Well Name: PIRTLAW PARTNERS Ltd

Well Number: 24-33

8. Location: QtrQtr: SE SW Section: 33 Township: 7N Range: 87W Meridian: 6

Footage at surface: Distance: 645 feet Direction: FSL Distance: 1963 feet Direction: FWL

As Drilled Latitude: 40.516138 As Drilled Longitude: -107.155727

GPS Data:

Data of Measurement: 09/12/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Gordon R. Dowling

** 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) 04/08/2012 13. Date TD: 08/19/2012 14. Date Casing Set or D&A: 08/21/2012

15. Well Classification:

☐ Dry ☒ Oil ☐ Gas/Coalbed ☐ Disposal ☐ Stratigraphic ☐ Enhanced Recovery ☐ Storage ☐ Observation

16. Total Depth MD 7880 TVD** 17 Plug Back Total Depth MD 7834 TVD**

18. Elevations GR 6944 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, Mudlog, CBL

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	34	14	54	160	0	40	VISU
SURF	12+1/4	9+5/8	36	16	1,243	400	0	1,245	VISU
1ST	8+3/4	7	26	16	5,864	560	800	5,865	CALC
2ND	6+1/8	4+1/2	13.5	16	7,880	210	4,450	7,880	CALC

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf 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	1,663		<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	3,015		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,762		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,980		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,218		<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	7,435		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Directional Survey to steer the well only.

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

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
400328221	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400328220	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

User Group Comment Comment Date

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Total: 0 comment(s)