

FORM
5ARev
06/12

State of Colorado

Oil and Gas Conservation Commission

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



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Document Number:

400382527

Date Received:

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: 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 05-081-07363-00 6. County: MOFFAT
 7. Well Name: TICONDEROGA Well Number: 24-2
 8. Location: QtrQtr: SESW Section: 2 Township: 7N Range: 93W Meridian: 6
 9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: WILLIAMS FORK COAL Status: TEMPORARILY ABANDONED Treatment Type: _____
 Treatment Date: _____ End Date: _____ Date of First Production this formation: _____
 Perforations Top: 3372 Bottom: 3840 No. Holes: 392 Hole size: 0.26
 Provide a brief summary of the formation treatment: _____ Open Hole: ☐
 This formation is commingled with another formation: ☐ Yes ☒ No
 Total fluid used in treatment (bbl): _____ Max pressure during treatment (psi): _____
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): _____
 Type of gas used in treatment: _____ Min frac gradient (psi/ft): _____
 Total acid used in treatment (bbl): _____ Number of staged intervals: _____
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): _____ Disposition method for flowback: _____
 Total proppant used (lbs): _____ Rule 805 green completion techniques were utilized: ☐
 Reason why green completion not utilized: _____

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: _____ Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____ GOR: _____
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: _____
 Tubing Size: _____ Tubing Setting Depth: _____ Tbg setting date: _____ Packer Depth: _____
 Reason for Non-Production: All surface equipment has been removed. Evaluating multiple future development options, including use in developing deeper potential. This well has not been frac'd.
 Date formation Abandoned: 10/23/2009 Squeeze: ☐ Yes ☒ No If yes, number of sacks cmt _____
 ** Bridge Plug Depth: 3164 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

Comment:

This Form 5A is only to update the status of the well to Temporarily Abandoned. The original Form 5A was submitted by Pioneer Natural Resources on 4-9-2008. This well was part of an acquisition, and Quicksilver did not receive any cement tickets. Thank you.

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
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Attachment Check List

Att Doc Num	Name
400382984	WELLBORE DIAGRAM
400382986	WELLBORE DIAGRAM

Total Attach: 2 Files

General Comments

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

Total: 0 comment(s)