

02121197

Page 1

FORM
4
Rev 12/05State of Colorado
Oil and Gas Conservation Commission

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



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

RECEIVED

MAY 25 2011

COGCC/Rifle Office

1. OGCC Operator Number: 10255	4. Contact Name: Cindy Keister	Complete the Attachment Checklist OP OGCC
2. Name of Operator: Quicksilver Resources Inc.	Phone: (817) 665-5572	
3. Address: 801 N. Cherry St., Suite 3700, Unit #19 City: Fort Worth State: TX Zip: 76104	Fax: (817) 665-5009	
5. API Number 05-081-07336-00	OGCC Facility ID Number	Survey Plat
6. Well/Facility Name: Roundup	7. Well/Facility Number 22-24D	Directional Survey
8. Location (Qtr/Tr, Sec, Twp, Rng, Meridian): SE NW Sec. 24, T7N, R93W, Meridian 6		Surface Eqpmt Diagram
9. County: Moffat	10. Field Name: Lay Creek	Technical Info Page
11. Federal, Indian or State Lease Number: COC 072192X		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)					
Change of Surface Footage from Exterior Section Lines:	<table><tr><td>FNU/FSL</td><td>FEL/FWL</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	FNU/FSL	FEL/FWL	<input type="checkbox"/>	<input type="checkbox"/>
FNU/FSL	FEL/FWL				
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Surface Footage to Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Bottomhole Footage from Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
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<input type="checkbox"/>	<input type="checkbox"/>				
Bottomhole location Qtr/Tr, Sec, Twp, Rng, Mer					
Latitude	Distance to nearest property line				
Longitude	Distance to nearest bldg, public rd, utility or RR				
Ground Elevation	Distance to nearest lease line				
	Is location in a High Density Area (rule 603b)? Yes/No				
	Distance to nearest well same formation				
	Surface owner consultation date:				
GPS DATA:					
Date of Measurement	PDOP Reading				
	Instrument Operator's Name				
<input type="checkbox"/> CHANGE SPACING UNIT					
Formation	Formation Code				
Spacing order number	Unit Acreage				
Unit configuration					
<input type="checkbox"/> Remove from surface bond					
Signed surface use agreement attached					
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):					
Effective Date:					
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual					
<input type="checkbox"/> CHANGE WELL NAME					
From:	NUMBER				
To:					
Effective Date:					
<input type="checkbox"/> ABANDONED LOCATION:					
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date Ready for Inspection:					
<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS					
Date well shut in or temporarily abandoned:					
Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No					
MIT required if shut in longer than two years. Date of last MIT					
<input type="checkbox"/> SPUD DATE:					
<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)					
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK					
*submit cbl and cement job summaries					
Method used	Cementing tool setting/perf depth				
Cement volume	Cement top				
Cement bottom	Date				
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.					
Final reclamation will commence on approximately					
<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.					

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent		<input type="checkbox"/> Report of Work Done	
Approximate Start Date:		Date Work Completed:	
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)			
<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal	
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste	
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans	
<input checked="" type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Other:	for Spills and Releases	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Cindy Keister Date: 05/24/2011 Email: ckeister@qrrc.com

Print Name: Cindy Keister Title: Director Regulatory Affairs

COGCC Approved:

Title:

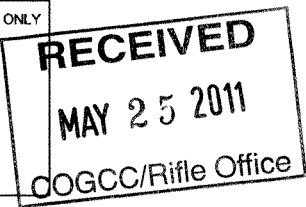
Date:

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY



- | | |
|---|------------------------------|
| 1. OGCC Operator Number: 10255 | API Number: 05-081-07336-00 |
| 2. Name of Operator: Quicksilver Resources Inc. | OGCC Facility ID # |
| 3. Well/Facility Name: Roundup | Well/Facility Number: 22-24D |
| 4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SE NW Sec. 24, T7N, R93W, Meridian 6 | |

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS**

Change casing liner to 4-1/2", 13.5#, L-80, LTC Casing - Burst 9020, Collapse 8540 & Tinsel 270,000

Change cementing - Lead 195sks - Yield 2.22 ft³/sk; Tail 85sks - Yield 1.29 ft³/sk

Tensile