

FORM  
5Rev  
02/08State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



DE ET OE ES

Document Number:

400178553

## 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: Pam Osburn  
2. Name of Operator: QUICKSILVER RESOURCES INC Phone: (817) 665-4918  
3. Address: 801 CHERRY ST - #3700 UNIT 19 Fax: (817) 665-5009  
City: FT WORTH State: TX Zip: 76102

5. API Number 05-081-07336-00 6. County: MOFFAT  
7. Well Name: Roundup Well Number: 22-24D  
8. Location: QtrQtr: SENW Section: 24 Township: 7N Range: 93W Meridian: 6  
Footage at surface: Distance: 2170 feet Direction: FNL Distance: 1930 feet Direction: FWL  
As Drilled Latitude: As Drilled Longitude:

GPS Data:

Data of Measurement: PDOP Reading: GPS Instrument Operator's Name:

\*\* If directional footage

at Top of Prod. Zone Distance: feet Direction: Distance: feet Direction:  
Sec: Twp: Rng:  
at Bottom Hole Distance: feet Direction: Distance: feet Direction:  
Sec: Twp: Rng:

9. Field Name: LAY CREEK 10. Field Number: 48550  
11. Federal, Indian or State Lease Number: COC072192X

12. Spud Date: (when the 1st bit hit the dirt) 05/21/2011 13. Date TD: 05/31/2011 14. Date Casing Set or D&amp;A: 06/03/2011

15. Well Classification:

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

16. Total Depth MD 9140 TVD 9140 17 Plug Back Total Depth MD 9140 TVD 9140

18. Elevations GR 6496 KB 6512

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:

Re-entry, no logs run

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
1ST LINER	4+1/6	1	13.5	16	9,140	460	1,500	9,140	CALC

## ADDITIONAL CEMENT

Cement work date:

Details of work:

Method used	String	Cementing tool setting/pref depth	Cement volume	Cement top	Cement bottom

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	
NIOBRARA	7,473		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

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

Signed: \_\_\_\_\_ Print Name: Pamela S. Osburn

Title: Sr. Regulatory Analyst Date: \_\_\_\_\_ Email: posburn@qrinc.com

Based on the information provided herein, this Drilling Completion Report (Form 5) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: \_\_\_\_\_ Director of COGCC Date: \_\_\_\_\_

### **Attachment Check List**

Att Doc Num	Name
400178566	CEMENT JOB SUMMARY
400178568	DIRECTIONAL SURVEY

Total Attach: 2 Files

### **General Comments**

**User Group**      **Comment**      **Comment Date**

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Total: 0 comment(s)