



02121265



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

AUG 05 2011

COGCC/Rifle Office

Complete the Attachment
Checklist

OP OGCC

1. OGCC Operator Number: 10255	4. Contact Name Cindy Keister
2. Name of Operator: Quicksilver Resources Inc.	Phone: (817) 665-5572
3. Address: 801 Cherry St., Suite 3700, Unit #19	Fax: (817) 665-5009
City: Fort Worth State: TX Zip: 76102	
5. API Number 05-107-06241-00	OGCC Facility ID Number
6. Well/Facility Name: Pirtlaw Partners, Ltd. 1-3	7. Well/Facility Number 1
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SW/4 SW/4 Section 3, T6N, R87W, 6th Meridian	
9. County: Moffat	10. Field Name: Bear River
11. Federal, Indian or State Lease Number: NA	

Survey Plat	
Directional Survey	
Surface Eqpmnt Diagram	
Technical Info Page	X
Other	

General Notice

☐ CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)

	FNU/FSL	FEL/FWL
Change of Surface Footage from Exterior Section Lines:		
Change of Surface Footage to Exterior Section Lines:		
Change of Bottomhole Footage from Exterior Section Lines:		
Change of Bottomhole Footage to Exterior Section Lines:		

Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer
Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____
Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No ☐
Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____

GPS DATA:
Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____

☐ CHANGE SPACING UNIT

Formation	Formation Code	Spacing order number	Unit Acreage	Unit configuration

☐ Remove from surface bond
Signed surface use agreement attached

☐ CHANGE OF OPERATOR (prior to drilling):
Effective Date: _____
Plugging Bond: ☐ Blanket ☐ Individual

☐ CHANGE WELL NAME
From: _____ NUMBER _____
To: _____
Effective Date: _____

☐ ABANDONED LOCATION:
Was location ever built? ☐ Yes ☐ No
Is site ready for inspection? ☐ Yes ☐ No
Date Ready for inspection: _____

☐ NOTICE OF CONTINUED SHUT IN STATUS
Date well shut in or temporarily abandoned: _____
Has Production Equipment been removed from site? ☐ Yes ☐ No
MIT required if shut in longer than two years. Date of last MIT _____

☐ SPUD DATE: _____

☐ REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)

☐ 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

☐ RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.
Final reclamation will commence on approximately _____ ☐ Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

☐ Notice of Intent
Approximate Start Date: _____

☐ Report of Work Done
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 checked="" 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 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: 08/05/11 Email: ckeister@qrrinc.com
Print Name: Cindy Keister Title: Director Regulatory Affairs

COGCC Approved: [Signature] Title: EIT 3 Date: 8/5/11

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 10255 API Number: 05-107-06241-00
2. Name of Operator: Quicksilver Resources Inc. OGCC Facility ID #
3. Well/Facility Name: Pirlaw Partners, Ltd. 1-3 Well/Facility Number: 1
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SW/4 SW/4 Section 3, T6N, R87W, 6th P.M.

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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

Quicksilver plans to drill this vertical well to a MTD of 7450' and the casing and cementing program has been revised as follows:

String	Size of Hole	Size of Casing	Weight Per Foot	Setting Depth	Sacks Cement	Cement Bottom	Cement Top
Intermediate	8-3/4"	7"	26	5750	600	5750	0
Production	6-1/8"	4-1/2"	13.5	7450	175	7450	4750

DV Tool @2750'
All casing set to surface.