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COGCC/Rifle Office

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.)

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 City: Fort Worth State: TX Zip: 76102 Fax: (817) 665-5009
 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

Complete the Attachment Checklist

OP OGCC

Survey Plat	
Directional Survey	
Surface Eqprnt 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)

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

Change of Surface Footage to Exterior Section Lines:

Change of Bottomhole Footage from Exterior Section Lines:

Change of Bottomhole Footage to Exterior Section Lines: attach directional survey

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 NUMBER
 From: _____
 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.)

Intent to Recomplete (submit form 2) Request to Vent or Flare E&P Waste Disposal
 Change Drilling Plans Repair Well Beneficial Reuse of E&P Waste
 Gross Interval Changed? Rule 502 variance requested Status Update/Change of Remediation Plans
 Casing/Cementing Program Change 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: EIT3 Date: 8/5/11

CONDITIONS OF APPROVAL, IF ANY:

FORM
4
Rev 12/05

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY
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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: Pirtlaw 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.

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.