

**FORM
5A**
Rev
02/08

State of Colorado
Oil and Gas Conservation Commission
1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

2517871

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: <u>10255</u>	4. Contact Name: <u>CINDY KEISTER</u>
2. Name of Operator: <u>QUICKSILVER RESOURCES INC</u>	Phone: <u>(817) 665-5572</u>
3. Address: <u>801 CHERRY ST - #3700 UNIT 19</u>	Fax: <u>(817) 665-5009</u>
City: <u>FT WORTH</u> State: <u>TX</u> Zip: <u>76102</u>	

5. API Number <u>05-081-07461-00</u>	6. County: <u>MOFFAT</u>
7. Well Name: <u>CHEROKEE RIDGE</u>	Well Number: <u>14-34R</u>
8. Location: QtrQtr: <u>SWSE</u> Section: <u>14</u> Township: <u>12N</u> Range: <u>95W</u> Meridian: <u>6</u>	
9. Field Name: _____	Field Code: _____

Completed Interval

FORMATION: MANCOS Status: PRODUCING

Treatment Date: 10/17/2009 Date of First Production this formation: 10/21/2009

Perforations Top: 12228 Bottom: 13864 No. Holes: 480 Hole size: 3/8

Provide a brief summary of the formation treatment: _____ Open Hole:

FRACTURE TREAT PERFORATIONS IN 5 STAGES USING A TOTAL OF 904,504# 100 MESH SAND PLUS 868,820# 40/80 HYDRO PROP WITH 2,501,238 GALS FRESH WATER. NOTE: PRODUCED WATER ON TESTS IS FLOW BACK FROM FRACTURE STIMULATION.

This formation is commingled with another formation: Yes No

Test Information:

Date: 11/05/2009 Hours: 24 Bbls oil: _____ Mcf Gas: 2710 Bbls H2O: 1277

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: 2710 Bbls H2O: 1277 GOR: _____

Test Method: FLOWING Casing PSI: _____ Tubing PSI: 1441 Choke Size: 30/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 1001 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12144 Tbg setting date: 10/21/2009 Packer Depth: 11546

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 08/13/2009 Date of First Production this formation: 08/17/2009

Perforations Top: 14176 Bottom: 16135 No. Holes: 742 Hole size: 3/8

Provide a brief summary of the formation treatment: _____ Open Hole:

FRACTURE TREATED PERFORATIONS WITH 8 STAGES USING A TOTAL OF 740,460# 100 MESH SAND PLUS 498,700# 40/80 HYDRO PROP WITH 2,934,059 GALS FRESH WATER. NOTE: PRODUCED WATER ON TESTS IS FLOW BACK FROM FRACTURE STIMULATION.

This formation is commingled with another formation: Yes No

Test Information:

Date: 08/16/2009 Hours: 24 Bbls oil: _____ Mcf Gas: 1812 Bbls H2O: 2077

Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: 1812 Bbls H2O: 2077 GOR: _____

Test Method: FLOWING Casing PSI: 4298 Tubing PSI: _____ Choke Size: 20/64

Gas Disposition: SOLD Gas Type: DRY BTU Gas: 990 API Gravity Oil: _____

Tubing Size: 2 + 3/8 Tubing Setting Depth: 12144 Tbg setting date: 10/21/2009 Packer Depth: 46115

Reason for Non-Production: _____

Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____

Bridge Plug Depth: _____ Sacks cement on top: _____

Comment: _____

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

Signed: _____ Print Name: CINDY KEISTER
Title: DIRECTOR REGULATORY Date: 11/13/2009 Email : CKEISTER@QRINC.COM

Attachment Check List

Att Doc Num	Name
2517871	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)