

FORM
5Rev
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



DE ET OE ES

Document Number:

400206200

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: Cindy Keister

2. Name of Operator: QUICKSILVER RESOURCES INC

Phone: (817) 665-5572

3. Address: 801 CHERRY ST - #3700 UNIT 19

Fax: (817) 665-5009

City: FT WORTH State: TX Zip: 76102

5. API Number 05-081-07661-00

6. County: MOFFAT

7. Well Name: Stoddard

Well Number: 33-30

8. Location: QtrQtr: NW SE Section: 30 Township: 6N Range: 90W Meridian: 6

Footage at surface: Distance: 2113 feet Direction: FSL Distance: 1902 feet Direction: FEL

As Drilled Latitude: 40.447208 As Drilled Longitude: -107.531269

GPS Data:

Date of Measurement: 09/14/2011 PDOP Reading: 2.2 GPS Instrument Operator's Name: Robert L Kay

** If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

** If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:

Sec: Twp: Rng:

9. Field Name: WILDCAT

10. Field Number: 99999

11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 07/25/2011 13. Date TD: 08/05/2011 14. Date Casing Set or D&A: 08/07/2011

15. Well Classification:

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

16. Total Depth MD 8360 TVD** 8356 17 Plug Back Total Depth MD 8311 TVD** 8356

18. Elevations GR 6615 KB 6631

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:

Quad Combo, Mudlog, and CBL

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
SURF	12+1/4	9+5/8	36	16	1,239	395	0	1,239	CALC
1ST	8+3/4	7+0/0	26	16	6,388	673	0	6,388	CALC
2ND	6+1/8	4+1/2	13.50	16	8,354	185	5,920	8,354	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

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

Details of work:

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	
ILES	1,962		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,600		<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	4,140		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,787		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,175		<input type="checkbox"/>	<input type="checkbox"/>	Other MD Tops: Buck Peak - 6817; Tow Creek - 7170; Wolf Mtn - 7400

Comment:

Logs have been uploaded online.

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

Signed: _____ Print Name: Tami Humphrey

Title: Regulatory Analyst Date: 9/30/2011 Email: thumphrey@qinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?			
<u>Attachment Checklist</u>					
2537576	CMT Summary *	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	Core Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
400209427	Directional Survey **	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
	DST Analysis	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Logs	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
	Other	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
<u>Other Attachments</u>					
400206200	FORM 5 SUBMITTED	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
400209429	WELLBORE DIAGRAM	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	took off hold--oper. emailed surf., inter., & prod. cement summaries.	10/25/2011 3:12:30 PM
Permit	on hold--req'd surf. cmt. tkt.	10/25/2011 1:30:04 PM

Total: 2 comment(s)