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Document Number:
 400218049

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 05-081-07672-00 6. County: MOFFAT
 7. Well Name: Horse Gulch Federal Well Number: 13-12
 8. Location: QtrQtr: NWSW Section: 12 Township: 6N Range: 93W Meridian: 6
 Footage at surface: Distance: 2012 feet Direction: FSL Distance: 700 feet Direction: FWL
 As Drilled Latitude: 40.483617 As Drilled Longitude: -107.788653

GPS Data:
 Date of Measurement: 09/30/2011 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: COC65175

12. Spud Date: (when the 1st bit hit the dirt) 09/11/2011 13. Date TD: 09/18/2011 14. Date Casing Set or D&A: 09/15/2011

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 6770 TVD** 6759 17 Plug Back Total Depth MD 6692 TVD** _____

18. Elevations GR 6196 KB 6212 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:
Mudlog, CBL, Trimple Combo, Sonic, Combined AIT-TLD-HGNS-GR

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	3,415	415	1,207	3,400	CALC
1ST	8+3/4	5+1/2	20	16	6,737	785	4,700	6,737	CALC

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	
LEWIS	0	1,200	<input type="checkbox"/>	<input type="checkbox"/>	
MESAVERDE	1,200		<input type="checkbox"/>	<input type="checkbox"/>	
ILES	2,960		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	4,406		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,025	6,510	<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	6,510		<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: Tami Humphrey

Title: Regulatory Analyst Date: 10/27/2011 Email: thumphrey@qinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
<u>Attachment Checklist</u>			
400218811	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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>			
400218049	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

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

Total: 0 comment(s)