

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:

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)