

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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Document Number:

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COMPLETED INTERVAL REPORT

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: 10255
2. Name of Operator: QUICKSILVER RESOURCES INC
3. Address: 801 CHERRY ST - #3700 UNIT 19
City: FT WORTH State: TX Zip: 76102
4. Contact Name: MARK PIERCE
Phone: (817) 665-4002
Fax: (817) 665-5009

5. API Number 05-107-06241-00
6. County: ROUTT
7. Well Name: PIRTLAW PARTNERS LTD
Well Number: 14-03
8. Location: QtrQtr: SWSW Section: 3 Township: 6N Range: 87W Meridian: 6
9. Field Name: BEAR RIVER Field Code: 5950

Completed Interval

FORMATION: NIOBRARA	Status: PRODUCING
Treatment Date:	Date of First Production this formation: 11/21/2011
Perforations Top: 6322 Bottom: 7650	No. Holes: 519 Hole size: 3 + 1/8
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
375190 gals of gelled butane. 626000 lbs of 20/40 CRC Sand	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: 12/15/2011 Hours: 24	Bbls oil: 40 Mcf Gas: 0 Bbls H2O: 0
Calculated 24 hour rate:	Bbls oil: Mcf Gas: Bbls H2O: GOR:
Test Method: FLOWING	Casing PSI: 420 Tubing PSI: 0 Choke Size:
Gas Disposition:	Gas Type: BTU Gas: 0 API Gravity Oil: 50
Tubing Size:	Tubing Setting Depth: Tbg setting date: Packer Depth:
Reason for Non-Production:	
Date formation Abandoned: Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt	
Bridge Plug Depth: Sacks cement on top:	

Comment:

We are still recovering butane from the frac job.

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

Signed: Print Name: Mark Pierce

Title: Regulatory Analyst Date: Email mpierce@qrinc.com

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

Total: 0 comment(s)