

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

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

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:   
375190 gals of gelled butane. 626000 lbs of 20/40 CRC Sand  
 This formation is commingled with another formation:  Yes  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:  Yes  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**

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

Total: 0 comment(s)