

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



Table with 4 columns: DE, ET, OE, ES

Document Number:

400242989

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: Cindy Keister
Phone: (817) 665-5572
Fax: (817) 665-5009

5. API Number 05-081-07661-00
6. County: MOFFAT
7. Well Name: Stoddard
Well Number: 33-30
8. Location: QtrQtr: NWSE Section: 30 Township: 6N Range: 90W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING

Treatment Date: 10/04/2011 Date of First Production this formation: 12/07/2011

Perforations Top: 6836 Bottom: 8136 No. Holes: 656 Hole size: 3 + 1/8

Provide a brief summary of the formation treatment: Open Hole: []

364,842 gals of gelled butane. 540,000 lbs of 20/40 CRC Sand

This formation is commingled with another formation: [] Yes [X] No

Test Information:

Date: 01/06/2012 Hours: 24 Bbls oil: 114 Mcf Gas: 360 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 114 Mcf Gas: 360 Bbls H2O: 0 GOR: 3158

Test Method: Flowing Casing PSI: Tubing PSI: 175 Choke Size: 32/64

Gas Disposition: FLARED Gas Type: DRY BTU Gas: 0 API Gravity Oil: 39

Tubing Size: 2 + 3/8 Tubing Setting Depth: 8273 Tbg setting date: 01/04/2012 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:

[]

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: 1/20/2012 Email thumphrey@qrinc.com

Attachment Check List

Att Doc Num	Name
400242989	FORM 5A SUBMITTED

Total Attach: 1 Files

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Changed gas type to dry per Tami Humphrey	1/24/2012 9:03:55 AM

Total: 1 comment(s)