

FORM
5A

Rev
02/08

State of Colorado

Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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Document Number:

400261215

Date Received:

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) 6654002
3. Address: 801 CHERRY ST - #3700 UNIT 19 Fax: (817) 6655009
City: FT WORTH State: TX Zip: 76102

5. API Number 05-081-07654-00 6. County: MOFFAT
7. Well Name: WEBER FEDERAL Well Number: 32-04
8. Location: QtrQtr: SWNE Section: 4 Township: 6N Range: 92W Meridian: 6
9. Field Name: MOFFAT Field Code: 55700

Completed Interval

FORMATION: <u>NIOBRARA</u>	Status: <u>PRODUCING</u>
Treatment Date: <u>08/31/2011</u>	Date of First Production this formation: <u>03/10/2012</u>
Perforations Top: <u>6846</u> Bottom: <u>7570</u>	No. Holes: <u>90</u> Hole size: <u>3 + 1/8</u>
Provide a brief summary of the formation treatment:	Open Hole: <input checked="" type="checkbox"/>
<u>301518 gals of fluid. 199008 lbs of 20/40 White sand. 154540 lbs. of 20/40 CRC sand.</u>	
This formation is commingled with another formation: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Test Information:	
Date: <u>03/11/2012</u> Hours: <u>24</u> Bbls oil: <u>9</u> Mcf Gas: <u>53</u> Bbls H2O: <u>0</u>	
Calculated 24 hour rate: Bbls oil: <u>9</u> Mcf Gas: <u>53</u> Bbls H2O: <u>0</u> GOR: <u>5889</u>	
Test Method: <u>Flowing</u> Casing PSI: <u>30</u> Tubing PSI: <u>110</u> Choke Size: <u></u>	
Gas Disposition: <u></u> Gas Type: <u>WET</u> BTU Gas: <u>1280</u> API Gravity Oil: <u>42</u>	
Tubing Size: <u>2 + 3/8</u> Tubing Setting Depth: <u>7591</u> Tbg setting date: <u>10/29/2011</u> Packer Depth: <u></u>	
Reason for Non-Production: <u></u>	
Date formation Abandoned: <u></u> Squeeze: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of sacks cmt <u></u>	
Bridge Plug Depth: <u></u> Sacks cement on top: <u></u>	

Comment:

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

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)