

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



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

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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: NIOBRARA Status: PRODUCING

Treatment Date: 08/31/2011 Date of First Production this formation: 03/10/2012

Perforations Top: 6846 Bottom: 7570 No. Holes: 90 Hole size: 3 + 1/8

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

301518 gals of fluid. 199008 lbs of 20/40 White sand. 154540 lbs. of 20/40 CRC sand.

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

Test Information:

Date: 03/11/2012 Hours: 24 Bbls oil: 9 Mcf Gas: 53 Bbls H2O: 0

Calculated 24 hour rate: Bbls oil: 9 Mcf Gas: 53 Bbls H2O: 0 GOR: 5889

Test Method: Flowing Casing PSI: 30 Tubing PSI: 110 Choke Size:

Gas Disposition: Gas Type: WET BTU Gas: 1280 API Gravity Oil: 42

Tubing Size: 2 + 3/8 Tubing Setting Depth: 7591 Tbg setting date: 10/29/2011 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: Mark Pierce

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

**Attachment Check List**

<b>Att Doc Num</b>	<b>Name</b>

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)