

FORM
2

Rev
12/05

State of Colorado

Oil and Gas Conservation Commission

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



Document Number:

400269581

Date Received:

05/07/2012

PluggingBond SuretyID

20080107

APPLICATION FOR PERMIT TO:

1. Drill, Deepen, Re-enter, Recomplete and Operate

2. TYPE OF WELL

OIL GAS COALBED OTHER pilot
SINGLE ZONE MULTIPLE COMMINGLE

Refiling
Sidetrack

3. Name of Operator: QUICKSILVER RESOURCES INC

4. COGCC Operator Number: 10255

5. Address: 801 CHERRY ST - #3700 UNIT 19

City: FT WORTH State: TX Zip: 76102

6. Contact Name: PAMELA OSBURN Phone: (817)665-4918 Fax: (817)665-5009

Email: posburn@qrinc.com

7. Well Name: WELKER Well Number: 21-12

8. Unit Name (if appl): _____ Unit Number: _____

9. Proposed Total Measured Depth: 8300

WELL LOCATION INFORMATION

10. QtrQtr: NE NW Sec: 12 Twp: 6N Rng: 92W Meridian: 6

Latitude: 40.488903 Longitude: -107.670294

Footage at Surface: 1320 feet FNL 1980 feet FNL 1980 feet FNL

11. Field Name: WILDCAT Field Number: 99999

12. Ground Elevation: 6437 13. County: MOFFAT

14. GPS Data:

Date of Measurement: 02/15/2012 PDOP Reading: 1.3 Instrument Operator's Name: UINTAH ENGINEERING

15. If well is Directional Horizontal (highly deviated) **submit deviated drilling plan.**

Footage at Top of Prod Zone:

Sec: Twp: Rng: Sec: Twp: Rng:

16. Is location in a high density area? (Rule 603b)? Yes No

17. Distance to the nearest building, public road, above ground utility or railroad: 1474 ft

18. Distance to nearest property line: 659 ft 19. Distance to nearest well permitted/completed in the same formation(BHL): 3000 ft

20. LEASE, SPACING AND POOLING INFORMATION

Objective Formation(s)	Formation Code	Spacing Order Number(s)	Unit Acreage Assigned to Well	Unit Configuration (N/2, SE/4, etc.)
NIOBRARA	NHRR			

21. Mineral Ownership: Fee State Federal Indian Lease #: _____

22. Surface Ownership: Fee State Federal Indian

23. Is the Surface Owner also the Mineral Owner? Yes No Surface Surety ID#: _____

23a. If 23 is Yes: Is the Surface Owner(s) signature on the lease? Yes No

23b. If 23 is No: Surface Owners Agreement Attached or \$25,000 Blanket Surface Bond \$2,000 Surface Bond \$5,000 Surface Bond

24. Using standard QtrQtr, Sec, Twp, Rng format enter entire mineral lease description upon which this proposed wellsite is located (attach separate sheet/map if you prefer):

NE 1/4 NW 1/4 of Section 12, T6N, R92W, 6th P.M. Also includes Sections 11, 13 and 14, Moffat County

25. Distance to Nearest Mineral Lease Line: 600 ft 26. Total Acres in Lease: 4450

DRILLING PLANS AND PROCEDURES

27. Is H2S anticipated? Yes No If Yes, attach contingency plan.

28. Will salt sections be encountered during drilling? Yes No

29. Will salt (>15,000 ppm TDS CL) or oil based muds be used during drilling? Yes No

30. If questions 28 or 29 are yes, is this location in a sensitive area (Rule 901.e)? Yes No

31. Mud disposal: Offsite Onsite

If 28, 29, or 30 are "Yes" a pit permit may be required.

Method: Land Farming Land Spreading Disposal Facility Other: _____

Note: The use of an earthen pit for Recompletion fluids requires a pit permit (Rule 905b). If air/gas drilling, notify local fire officials.

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Btm	Cmt Top
CONDUCTOR	20	16		0	40			
SURF	12+1/4	9+5/8	36	0	1,200	395	1,200	0
1ST	8+3/4	7	26	0	6,158	520	6,158	0
2ND	6+1/8	4+1/2	13.5	0	7,408	155	7,408	5,158

32. BOP Equipment Type: Annular Preventer Double Ram Rotating Head None

33. Comments _____

34. Location ID: _____

35. Is this application in a Comprehensive Drilling Plan ? Yes No

36. Is this application part of submitted Oil and Gas Location Assessment ? Yes No

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

Signed: _____ Print Name: PAMELA S. OSBURN

Title: SR. REGULATORY ANALYST Date: 5/7/2012 Email: posburn@qvinc.com

Based on the information provided herein, this Application for Permit-to-Drill complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____ Director of COGCC Date: _____

API NUMBER

05

Permit Number: _____ Expiration Date: _____

CONDITIONS OF APPROVAL, IF ANY: _____

All representations, stipulations and conditions of approval stated in the Form 2A for this location shall constitute representations, stipulations and conditions of approval for this Form 2 Permit-to-Drill and are enforceable to the same extent as all other representations, stipulations and conditions of approval stated in this Permit-to-Drill.

Attachment Check List

Att Doc Num	Name
400269581	FORM 2 SUBMITTED
400269680	SURFACE AGRMT/SURETY
400269681	PLAT

Total Attach: 3 Files

General Comments

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

Total: 0 comment(s)

BMP

<u>Type</u>	<u>Comment</u>

Total: 0 comment(s)