

FORM 5A
Rev 06/12

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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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: Cindy Keister
 2. Name of Operator: QUICKSILVER RESOURCES INC Phone: (817) 665-5572
 3. Address: 801 CHERRY ST - #3700 UNIT 19 Fax: (817) 665-5009
 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: BELL ROCK Field Code: 6020

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION
 Treatment Date: 05/19/2012 End Date: 05/19/2012 Date of First Production this formation: 05/23/2012
 Perforations Top: 6288 Bottom: 7029 No. Holes: 600 Hole size: 0.42
 Provide a brief summary of the formation treatment: Open Hole:
 This formation is commingled with another formation: Yes No
 Total fluid used in treatment (bbl): 13174 Max pressure during treatment (psi): 6082
 Total gas used in treatment (mcf): _____ Fluid density at initial fracture (lbs/gal): 8.34
 Type of gas used in treatment: _____ Max frac gradient (psi/ft): 0.86
 Total acid used in treatment (bbl): _____ Number of staged intervals: 1
 Recycled water used in treatment (bbl): _____ Flowback volume recovered (bbl): _____
 Fresh water used in treatment (bbl): 13174 Disposition method for flowback: DISPOSAL
 Total proppant used (lbs): 470660 Rule 805 green completion techniques were utilized:
 Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 07/31/2012 Hours: _____ Bbl oil: _____ Mcf Gas: _____ Bbl H2O: _____
 Calculated 24 hour rate: Bbl oil: 36 Mcf Gas: 126 Bbl H2O: 64 GOR: 3500
 Test Method: pump Casing PSI: 210 Tubing PSI: 250 Choke Size: _____
 Gas Disposition: _____ Gas Type: _____ Btu Gas: _____ API Gravity Oil: 42
 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: _____ ** Wireline and Cement Job Summary must be attached.

Comment:

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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: _____ Email: thumphrey@qrinc.com
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Attachment Check List

Att Doc Num	Name

Total Attach: 0 Files

General Comments

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

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