

FORM
5

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



DE ET OE ES

Document Number:

400268997

Date Received:

09/21/2012

DRILLING COMPLETION REPORT

This form is to be submitted within 30 days of the setting of production casing, the plugging of a dry hole, the deepening or sidetracking of a well, or any time the wellbore configuration is changed. If the well is deepened or sidetracked a new Form 5 is required. If an attempt has been made to complete/produce a well, then the operator shall submit Form 5A (Completed Interval Report.) If the well has been plugged, a form 6 (Well Abandonment Report) is required.

Completion Type Final completion Preliminary 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: TAMI HUMPHREY
Phone: (817) 665-4876
Fax: (817) 665-5009

5. API Number 05-107-06248-00
6. County: ROUTT
7. Well Name: PIRTLAW PARTNERS Ltd Well Number: 24-33
8. Location: QtrQtr: SE SW Section: 33 Township: 7N Range: 87W Meridian: 6
Footage at surface: Distance: 645 feet Direction: FSL Distance: 1963 feet Direction: FWL
As Drilled Latitude: 40.516138 As Drilled Longitude: -107.155727

GPS Data:
Date of Measurement: 09/12/2012 PDOP Reading: 1.8 GPS Instrument Operator's Name: Gordon R. Dowling

** If directional footage at Top of Prod. Zone Dist.: 642 feet. Direction: FSL Dist.: 1954 feet. Direction: FWL
Sec: 33 Twp: 7n Rng: 87w

** If directional footage at Bottom Hole Dist.: 642 feet. Direction: FSL Dist.: 1954 feet. Direction: FWL
Sec: 33 Twp: 7N Rng: 87W

9. Field Name: WILDCAT 10. Field Number: 99999
11. Federal, Indian or State Lease Number:

12. Spud Date: (when the 1st bit hit the dirt) 04/08/2012 13. Date TD: 08/19/2012 14. Date Casing Set or D&A: 08/21/2012

15. Well Classification:
 Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 7880 TVD** 7876 17 Plug Back Total Depth MD 7834 TVD** 7830

18. Elevations GR 6944 KB 6960
One paper copy of all electric and mud logs must be submitted, along with one digital LAS copy as available.

19. List Electric Logs Run:
Platform Express, Mudlog, CBL

20. Casing, Liner and Cement:

CASING

Casing Type	Size of Hole	Size of Casing	Wt/Ft	Csg/Liner Top	Setting Depth	Sacks Cmt	Cmt Top	Cmt Bot	Status
CONDUCTOR	20	16	34	0	54	160	0	40	VISU
SURF	12+1/4	9+5/8	36	0	1,243	400	0	1,245	VISU
1ST	8+3/4	7	26	0	5,864	560	800	5,865	CALC
2ND	6+1/8	4+1/2	13.5	0	7,880	210	4,750	7,880	CBL

STAGE/TOP OUT/REMEDIAL CEMENT

Cement work date: _____

Method used	String	Cementing tool setting/perf depth	Cement volume	Cement top	Cement bottom

Details of work:

21. Formation log intervals and test zones:

FORMATION LOG INTERVALS AND TEST ZONES

FORMATION NAME	Measured Depth		Check if applies		COMMENTS (All DST and Core Analyses must be submitted to COGCC)
	Top	Bottom	DST	Cored	
MESAVERDE	1,663		<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS	3,015		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,762		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	5,980		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	7,218		<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	7,435		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

Directional Survey to steer the well only.

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: 9/21/2012 Email: thumphrey@qinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
400328221	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400328220	Directional Survey **	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	DST Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Logs	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Other Attachments			
400268997	FORM 5 SUBMITTED	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

General Comments

User Group	Comment	Comment Date
Permit	No pay zone declared for this wildcat well so no top of pay location determined.	11/15/2012 10:03:00 AM

Total: 1 comment(s)