

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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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
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 05-081-07656-00
6. County: MOFFAT
7. Well Name: K-Diamond Federal
Well Number: 21-21
8. Location: QtrQtr: NENW Section: 21 Township: 6N Range: 92W Meridian: 6
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: MANCOS Status: SHUT IN Treatment Type: FRACTURE STIMULATION

Treatment Date: 09/25/2011 End Date: 11/07/2011 Date of First Production this formation:

Perforations Top: 5200 Bottom: 6565 No. Holes: 410 Hole size: 42/100

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

306,612 gallons total fluid (X-linked oil) 232,760 lbs 20/40 white and 186,010 lbs 20/40 CRC

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

Total fluid used in treatment (bbl): Max pressure during treatment (psi):

Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):

Type of gas used in treatment: Min frac gradient (psi/ft):

Total acid used in treatment (bbl): Number of staged intervals:

Recycled water used in treatment (bbl): Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): Disposition method for flowback:

Total proppant used (lbs): Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: Hours: Bbl oil: Mcf Gas: Bbl H2O:

Calculated 24 hour rate: Bbl oil: Mcf Gas: Bbl H2O: GOR:

Test Method: Casing PSI: Tubing PSI: Choke Size:

Gas Disposition: Gas Type: Btu Gas: API Gravity Oil:

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:

This well has no production and therefore no test information. The well is shut in. Thank you.

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: 9/5/2012 Email thumphrey@qrinc.com  
:

### Attachment Check List

Att Doc Num	Name
400323750	FORM 5A SUBMITTED
400323955	WELLBORE DIAGRAM
400323956	OTHER

Total Attach: 3 Files

### General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	Summarized frac treatment from attachments. Req'd sundry for continued SI status.	12/4/2012 9:10:18 AM

Total: 1 comment(s)