

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



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Document Number:  
400351117

Date Received:

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 05-081-07692-00  
6. County: MOFFAT  
7. Well Name: K-Diamond Ranch Well Number: 32-10  
8. Location: QtrQtr: SWNE Section: 10 Township: 6N Range: 93W Meridian: 6  
Footage at surface: Distance: 2211 feet Direction: FNL Distance: 1700 feet Direction: FEL  
As Drilled Latitude: 40.486542 As Drilled Longitude: -107.816228

GPS Data:  
Date of Measurement: 11/14/2012 PDOP Reading: 1.7 GPS Instrument Operator's Name: Robert L Kay

\*\* If directional footage at Top of Prod. Zone Dist.: feet. Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:  
\*\* If directional footage at Bottom Hole Dist.: feet. Direction: Dist.: feet. Direction:  
Sec: Twp: Rng:

9. Field Name: WILDCAT 10. Field Number: 99999  
11. Federal, Indian or State Lease Number: COC75263X

12. Spud Date: (when the 1st bit hit the dirt) 09/28/2012 13. Date TD: 10/23/2012 14. Date Casing Set or D&A: 10/27/2012

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

16. Total Depth MD 9140 TVD\*\* 17 Plug Back Total Depth MD TVD\*\*

18. Elevations GR 6254 KB 16  
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:  
Quad Combo, CBL, and Mud

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		0	40		0	40	CALC
SURF	14+3/4	11+3/4	42	0	1,195	540	0	1,195	VISU
1ST	10+5/8	8+5/8	32	0	6,412	781	0	6,412	VISU
2ND	7+7/8	5+1/2	17	0	9,122	485	5,000	9,122	CALC

**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	876		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,973		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	7,058		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,750		<input type="checkbox"/>	<input type="checkbox"/>	
FRONTIER	8,950		<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: \_\_\_\_\_

Email: thumphrey@qrenc.com

**Attachment Check List**

Att Doc Num	Document Name	attached ?	
<b><u>Attachment Checklist</u></b>			
400353384	CMT Summary *	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
400353380	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
	Other	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<b><u>Other Attachments</u></b>			
400353851	LAS-MUD	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353855	LAS-PLATFORM EXPRESS	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
400353861	PDF-CEMENT BOND	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>

**General Comments**

**User Group**

**Comment**

**Comment Date**

User Group	Comment	Comment Date

Total: 0 comment(s)