

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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Document Number:

400358112

Date Received:

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 05-107-06248-00
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
9. Field Name: WILDCAT Field Code: 99999

Completed Interval

FORMATION: FRONTIER Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/25/2012 End Date: 11/06/2012 Date of First Production this formation: 10/28/2012

Perforations Top: 7505 Bottom: 7615 No. Holes: 120 Hole size: 0.42

Provide a brief summary of the formation treatment: Open Hole: ☐

132,212 gallons total fluid (X-linked gel) 132,900 lbs 20/40 Ottawa and 11,000 lbs 20/40 CRC

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 3148

Max pressure during treatment (psi): 3877

Total gas used in treatment (mcf): 0

Fluid density at initial fracture (lbs/gal): 8.48

Type of gas used in treatment:

Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 0

Number of staged intervals: 1

Recycled water used in treatment (bbl): 0

Flowback volume recovered (bbl):

Fresh water used in treatment (bbl): 3148

Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 143900

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: 11/26/2012 Hours: 24 Bbl oil: 27 Mcf Gas: 40 Bbl H2O: 27

Calculated 24 hour rate: Bbl oil: 27 Mcf Gas: 40 Bbl H2O: 27 GOR: 1244

Test Method: pump Casing PSI: 475 Tubing PSI: Choke Size: 24/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1385 API Gravity Oil: 43

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.

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 10/25/2012 End Date: 11/06/2012 Date of First Production this formation: 10/28/2012

Perforations Top: 6000 Bottom: 7160 No. Holes: 390 Hole size: 0.42

Provide a brief summary of the formation treatment: _____ Open Hole: ☐

1,147,136 gallons total fluid (Slickwater/Lin. Gel), 1,013,100 lbs 40/70 Ottawa and 153,100 lbs 20/40 CRC

This formation is commingled with another formation: ☒ Yes ☐ No

Total fluid used in treatment (bbl): 27312 Max pressure during treatment (psi): 6142

Total gas used in treatment (mcf): 0 Fluid density at initial fracture (lbs/gal): 8.48

Type of gas used in treatment: _____ Min frac gradient (psi/ft): 0.80

Total acid used in treatment (bbl): 0 Number of staged intervals: 3

Recycled water used in treatment (bbl): 0 Flowback volume recovered (bbl): _____

Fresh water used in treatment (bbl): 27312 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): 1166200 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: 11/26/2012 Hours: 24 Bbl oil: 283 Mcf Gas: 410 Bbl H2O: 289

Calculated 24 hour rate: Bbl oil: 283 Mcf Gas: 410 Bbl H2O: 289 GOR: 1449

Test Method: pump Casing PSI: 475 Tubing PSI: _____ Choke Size: 24/64

Gas Disposition: FLARED Gas Type: WET Btu Gas: 1323 API Gravity Oil: 43

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:

Tubing has not yet been run for this well.

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

Attachment Check List

Att Doc Num	Name
400360722	WELLBORE DIAGRAM
400360724	OTHER

Total Attach: 2 Files

General Comments

User Group	Comment	Comment Date

Total: 0 comment(s)