

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:

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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 05-081-07353-00
6. County: MOFFAT
7. Well Name: CONCORD
Well Number: 22-2
8. Location: QtrQtr: SENW Section: 2 Township: 7N Range: 93W Meridian: 6
9. Field Name: ENCORE Field Code: 21530

Completed Interval

FORMATION: WILLIAMS FORK COAL Status: TEMPORARILY ABANDONED Treatment Type:
Treatment Date: End Date: Date of First Production this formation:
Perforations Top: 3998 Bottom: 4387 No. Holes: 258 Hole size: 0.26
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): 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: All surface equipment has been removed. Evaluating multiple future development options, including use in developing deeper potential.
Date formation Abandoned: 10/03/2009 Squeeze: ☒ Yes ☐ No If yes, number of sacks cmt 210
** Bridge Plug Depth: 3963 ** Sacks cement on top: 1 ** Wireline and Cement Job Summary must be attached.

Comment:

This Form 5A is only to update the status of the well to Temporarily Abandoned. The original Form 5A was submitted by Pioneer Natural Resources on 3-19-2008. 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: _____ Email: thumphrey@qrinc.com
:

Attachment Check List

Att Doc Num	Name
400380348	WELLBORE DIAGRAM

Total Attach: 1 Files

General Comments

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

Total: 0 comment(s)