

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:
400491607

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 4. Contact Name: Tami Humphrey
 2. Name of Operator: QUICKSILVER RESOURCES INC Phone: (817) 665-4876
 3. Address: 801 CHERRY ST - #3700 UNIT 19 Fax: (817) 665-5009
 City: FT WORTH State: TX Zip: 76102

5. API Number 05-081-07661-00 6. County: MOFFAT
 7. Well Name: Stoddard Well Number: 33-30
 8. Location: QtrQtr: NWSE Section: 30 Township: 6N Range: 90W Meridian: 6
 Footage at surface: Distance: 2113 feet Direction: FSL Distance: 1902 feet Direction: FEL
 As Drilled Latitude: 40.447208 As Drilled Longitude: -107.531269

GPS Data:

Date of Measurement: 09/14/2011 PDOP Reading: 2.2 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: Flume Gulch 10. Field Number: 24660

11. Federal, Indian or State Lease Number: _____

12. Spud Date: (when the 1st bit hit the dirt) 07/25/2011 13. Date TD: 08/05/2011 14. Date Casing Set or D&A: 08/07/2011

15. Well Classification:

Dry Oil Gas/Coalbed Disposal Stratigraphic Enhanced Recovery Storage Observation

16. Total Depth MD 8360 TVD** _____ 17 Plug Back Total Depth MD 8311 TVD** _____

18. Elevations GR 6615 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, 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
SURF	12+1/4	9+5/8	36	16	1,239	395	0	1,239	CALC
1ST	8+3/4	7	26	16	6,388	673	0	6,388	CALC
2ND	6+1/8	4+1/2	13.50	16	8,354	185	5,920	8,354	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	
ILES	1,962		<input type="checkbox"/>	<input type="checkbox"/>	
MANCOS	3,600		<input type="checkbox"/>	<input type="checkbox"/>	
MORAPOS-MANCOS	4,140		<input type="checkbox"/>	<input type="checkbox"/>	
NIOBRARA	6,787		<input type="checkbox"/>	<input type="checkbox"/>	
CARLILE	8,175		<input type="checkbox"/>	<input type="checkbox"/>	

Comment:

This Form 5 is only to change the status to Final. It was mistakenly marked as Preliminary on the original submitted 9/30/2011. All attachments were submitted with the original. 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@qinc.com

Attachment Check List

Att Doc Num	Document Name	attached ?	
Attachment Checklist			
	CMT Summary *	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Core Analysis	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
	Directional Survey **	Yes <input type="checkbox"/>	No <input checked="" 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"/>

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)