

**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



DE ET OE ES

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&amp;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 ?			
<u>Attachment Checklist</u>					
	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)