

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
07/19/2012
Document Number:
400307235

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10255 Contact Person: Carl Bowers
Company Name: QUICKSILVER RESOURCES INC Phone: (817) 964-7371
Address: 801 CHERRY ST - #3700 UNIT 19 Fax: (817) 665-5009
City: FT WORTH State: TX Zip: 76102 Email: cbowers@qvinc.com

API #: 05 - 081 - 07722 - 00 Facility ID: _____ Location ID: _____
Facility Name: SIMOES 12-30
Sec: 30 Twp: 6N Range: 90W QtrQtr: LOT 9 Lat: 40.450750 Long: -107.541000

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/22/2012 Time: 08:00 (HH:MM)

This form must be signed by an authorized agent of the entity making assertion.

I certify under penalty of perjury that this report has been examined by me and to the best of my knowledge is true, correct and complete.

Print Name: Cindy Keister Email: ckeister@qvinc.com
Signature: _____ Title: Dir Regulatory Affairs Date: 07/19/2012