

FORM
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OGCC RECEPTION
Receive Date:
05/16/2012
Document Number:
400283713

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 - 07654 - 00 Facility ID: _____ Location ID: _____
Facility Name: WEBER FEDERAL 32-04
Sec: 4 Twp: 6N Range: 92W QtrQtr: SWNE Lat: 40.501203 Long: -107.722964

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/18/2012 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: 05/16/2012