

FORM
42
Rev
03/12



OGCC RECEPTION

Receive Date:
05/18/2012

Document Number:
400286540

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 10255 Contact Person: Brock Potts
Company Name: QUICKSILVER RESOURCES INC Phone: (817) 319-9514
Address: 801 CHERRY ST - #3700 UNIT 19 Fax: (817) 665-5009
City: FT WORTH State: TX Zip: 76102 Email: bpotts@qinc.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

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 05/19/2012 Time: 03:00 (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@qinc.com
Signature: _____ Title: Dir. Regulatory Affairs Date: 05/18/2012