SCHEDULE "B"

PROOF OF CLAIM

(See attached for instructions)

IN THE MATTER OF THE CCAA PROCEEDINGS OF QUICKSILVER RESOURCES CANADA INC., 0942065 B.C. LTD. AND 0942069 B.C. LTD. collectively, the "APPLICANTS", and each, an "APPLICANT")

□ 0942065 B C Ltd	П	~ .	and Officers						
☐ Quicksilver Resources Canada Inc.		0942069 I	3.C. Ltd.						
3. Check box the Applicant against wh	Check box the Applicant against whom you make this claim.								
2. I have knowledge of all the circumst form.	I have knowledge of all the circumstances connected with the claim referred to in this form.								
I am		(state pos	sition/title) of the Claimant.						
OR									
1. I am the Claimant;									
I,	_ (City, Pro	vince or State)	do hereby certify that:						
☐ Please provide hardcopies of material			t or representative of the						
(All future correspondence will be delivered specifically requests that hardcopies be provi	(ded)		iaaress uniess ine Ciaimani						
Email Address:									
Attention (Contact Person):									
Facsimile Number:									
Telephone Number:									
T. I. I. N. I.									
All notices or correspondence regarding following address:	this claim	to be forward	ed to the Claimant at the						
this form as "the Claimant").	(name of C		(referred to m						
Regarding the claim of			(referred to in						

for I disclathe su accou and/o any o associ	Restructuaimed, real aum of CI ant attack or service countercl	estructure Pons ned here s supplaims to the the	plicants (check appropreriod Claimants, as ared, terminated or redeto and marked Scheolied after March 8, 20 which the CCAA Apreturn of equipment	at the date on siliated), and still is ert CDN \$ value of dule "A". Claims so 16. If a Claimant's opplicant or Applica	which the is or are in claim) as should not s claim is that is or a	e subject andebted to the shown by the include the to be reduced are entitled.	agreement value Claimant he statement value of good by deduction and/or amou	vas in of ods ing nts
locati	ion of the	e delive	ount must specify the ry of all services and tation evidencing the e	materials. Any cla	aim for int		-	
4.	☐ A. UNSECURED CLAIM OF \$ That in respect of claim, the Claimant does not hold and has not held any assets as security.						respect of t	his
			SECURED CLAIM aimant holds assets v follows:	OF \$alued at \$	·	That in r as security	respect of t y, particulars	his of
at wh	ich the C	laiman	of the security, including the assesses the security ts as Schedule "B".	-				
5.	•		quired this Claim by a documents evidencing	_	Yes □	No □		
	(if yes) Full I	egal Name of origina	al creditor(s):				
DAT	ED this _	da <u>·</u>	y of	, 2016 Per:				
Witne	ess							
				Print name of	Claimant:			
				If Claimant is other than an individual, print name and title of authorized signatory				
				Name:				
				Title:				