

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/29/2012**  
Document Number:  
**400290268**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Clyde Marks  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 309-3061  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: clyde.marks@encana.com  
API #: 05 - 045 - 20284 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: N. Parachute EF01E-34 P27595  
Sec: 27 Twp: 5S Range: 95W QtrQtr: SESE Lat: 39.579217 Long: -108.033147

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 06/05/2012 Time: 06:00 (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: Judith Walter Email: judith.walter@encana.com  
Signature: \_\_\_\_\_ Title: Regulatory Analyst Date: 05/29/2012