

FORM
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Rev
03/12



OGCC RECEPTION

Receive Date:
06/25/2012

Document Number:
400299357

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Cody Huseby
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 303 5374
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: codyhuseby@encana.con
API #: 05 - 045 - 20920 - 00 Facility ID: _____ Location ID: _____
Facility Name: SG 8510D-25 D36496
Sec: 36 Twp: 4S Range: 96W QtrQtr: Lot 4 Lat: 39.665183 Long: -108.122711

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 06/25/2012 Time: 18:00 (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: Cody Huseby Email: codyhuseby@encana.con
Signature: _____ Title: Well Site Supervisor Date: 06/25/2012