



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100185</u>	Contact Person: <u>Robert Escojeda</u>
Company Name: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(303) 389-5015</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>robert.escojeda@encana.com</u>
API #: <u>05 - 045 - 21038 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>SG 8514C-22 N22496</u>	
Sec: <u>22</u> Twp: <u>4S</u> Range: <u>96W</u> QtrQtr: <u>SESW</u>	Lat: <u>39.683739</u> Long: <u>-108.157247</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/05/2012 Time: 00:00 (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: Robert Escojeda Email: robert.escojeda@encana.com

Signature: Robert Escojeda Title: Drlg. Supervisor Date: 07/03/2012