

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**07/14/2012**

Document Number:  
**400305718**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Mark Balderston  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2692  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: mark.balderston@encana.com

API #: 05 - 045 - 20410 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: HMU Federal 16-14D2 (J16W)  
Sec: 16 Twp: 7S Range: 93W QtrQtr: NWSE Lat: 39.443053 Long: -107.775693

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

Date of Treatment: 07/19/2012 Time: 09:00 (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: 07/14/2012