

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

08/10/2012

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: JOE KAUFFMANN
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 774-3959
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: JOE.KAUFFMANN@ENCANA.COM
API #: 05 - 123 - 33994 - 00 Facility ID: _____ Location ID: _____
Facility Name: ARISTOCRAT ANGUS 4-4
Sec: 4 Twp: 3N Range: 65W QtrQtr: SESW Lat: 40.249230 Long: -104.670800

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 08/14/2012 Time: 07:00 (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: JENNIFER LIND Email: JENNIFER.LIND@ENCANA.COM
Signature: _____ Title: REGULATORY ANALYST Date: 08/10/2012