



OGCC RECEPTION  
Receive Date:  
**01/09/2013**  
Document Number:  
**400366947**

**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: (720) 876-6060  
City: DENVER State: CO Zip: 80202-5632 Email: MARK.BALDERSTON@ENCANA.COM  
API #: 05 - 045 - 21623 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Shideler Fee 31-5BB (K31E)  
Sec: 31 Twp: 7S Range: 92W QtrQtr: NESW Lat: 39.401758 Long: -107.709030

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**  
Date of Treatment: 12/28/2012 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: RUTHANN MORSS Email: RUTHANN.MORSS@ENCANA.COM  
Signature: \_\_\_\_\_ Title: REGULATORY ANALYST Date: 01/09/2013