

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/26/2013**  
Document Number:  
**400384959**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Jeffrey J. Johnson  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 353.7854  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: jeffrey.johnson2@encana.com  
API #: 05 - 045 - 21832 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Shideler 19-14D (O19EB)  
Sec: 19 Twp: 7S Range: 92W QtrQtr: SWSE Lat: 39.426202 Long: -107.705154

**BLOW OUT PREVENTER TEST – 24-Hour notice**  
Test Date: 02/27/2013 Time: 01:00 (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: Jeffrey J. Johnson Email: jeffrey.johnson2@encana.com  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 02/26/2013