

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/16/2013**  
Document Number:  
**400419159**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Clyde Marks  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 309-3061  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: clyde.marks@encana.com  
API #: 05 - 045 - 21176 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: STORY GULCH 8512B-24  
Sec: 24 Twp: 4S Range: 96W QtrQtr: NWSW Lat: 39.684981 Long: -108.123314

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

Date of Treatment: 05/24/2013 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: Cristi L. Cota-Smith Email: cristi.cota-smith@encana.com  
Signature: \_\_\_\_\_ Title: Permitting Analyst Date: 05/16/2013