

FORM
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OGCC RECEPTION
Receive Date:
05/24/2013
Document Number:
400424300

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Kelvin Edsall
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 774-3912
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: Kelvin.Edsall@Encana.com
API #: 05 - 123 - 36091 - 00 Facility ID: _____ Location ID: _____
Facility Name: IONE 2B-2H
Sec: 2 Twp: 2N Range: 66W QtrQtr: NENW Lat: 40.173110 Long: -104.748840

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/29/2013 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: Sheilla Reed-High Email: sheilla.reedhigh@Encana.com
Signature: _____ Title: Drilling and Compl. Tech. Date: 05/24/2013