

FORM
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OGCC RECEPTION
Receive Date:
06/26/2013
Document Number:
400439249

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Kelvin Edsall
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 501-9805
Address: 370 17TH ST STE 1700 Fax: (303) 774-4912
City: DENVER State: CO Zip: 80202-5632 Email: kelvin.edsall@encana.com
API #: 05 - 123 - 36853 - 01 Facility ID: _____ Location ID: _____
Facility Name: State 1D-16H
Sec: 16 Twp: 3N Range: 68W QtrQtr: SENE Lat: 40.228870 Long: -105.000250

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required
Date of Treatment: 07/01/2013 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: 06/26/2013