

FORM
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OGCC RECEPTION

Receive Date:
07/01/2013

Document Number:
400440969

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Erasmus Parras
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: erasmo.parras@encana.com
API #: 05 - 045 - 20690 - 00 Facility ID: _____ Location ID: _____
Facility Name: MCU 16-13C (M16W)
Sec: 16 Twp: 7S Range: 93W QtrQtr: SWSW Lat: 39.439862 Long: -107.783340

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 07/02/2013 Time: 05:00 (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: Erasmus Parras Email: erasmo.parras@encana.com
Signature: Erasmus Parras Title: Well Site Supervisor Date: 07/01/2013