

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/15/2013**  
Document Number:  
**400447415**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Mike Quintana  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 353-7846  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: mike.quintana@encana.com  
API #: 05 - 103 - 11887 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: CBU DV01D-11A112100  
Sec: 11 Twp: 2S Range: 100W QtrQtr: NENE Lat: 39.894381 Long: -108.578675

**BLOW OUT PREVENTER TEST – 24-Hour notice**  
Test Date: 07/15/2013 Time: 18:00 (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: Mike Quintana Email: mike.quintana@encana.com  
Signature: \_\_\_\_\_ Title: Drilling Supervision Date: 07/15/2013