

FORM
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OGCC RECEPTION
Receive Date:
09/29/2013
Document Number:
400487403

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Randall Burke
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 353-5374
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: randall.burke@encana.com
API #: 05 - 045 - 21160 - 00 Facility ID: _____ Location ID: _____
Facility Name: STORY GULCH 8507B-23
Sec: 24 Twp: 4S Range: 96W QtrQtr: NWSW Lat: 39.685189 Long: -108.123131

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 09/26/2013 Time: 04:00 (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: Randall Burke Email: randall.burke@encana.com
Signature: _____ Title: Drilling Supervisor Date: 09/29/2013