

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/18/2013**  
Document Number:  
**400514067**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Norman McCreary  
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: norman.mccreary@encana.com  
API #: 05 - 045 - 21910 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: SG 8503E-34 E34 496  
Sec: 34 Twp: 4S Range: 96W QtrQtr: SWNW Lat: 39.660078 Long: -108.160553

**BLOW OUT PREVENTER TEST – 24-Hour notice**  
Test Date: 11/19/2013 Time: 11:00 (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: Norman McCreary Email: norman.mccreary@encana.com  
Signature: Norman McCreary Title: Rig Supervisor Date: 11/18/2013