

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**11/19/2013**  
Document Number:  
**400515388**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: michael olsen  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 353-5354  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: michael.olsen@encana.com  
API #: 05 - 045 - 22122 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Rose 22-12B (K22W)  
Sec: 22 Twp: 7S Range: 93W QtrQtr: NESW Lat: 39.430446 Long: -107.761565

BLOW OUT PREVENTER TEST – 24-Hour notice  
Test Date: 11/20/2013 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: michael olsen Email: michael.olsen@encana.com  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: 11/19/2013