

FORM
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OGCC RECEPTION
Receive Date:
01/15/2014
Document Number:
400540561

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Scott Malone
Company Name: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5062
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: Scott.Malone@encana.com

API #: 05 - 045 - 21710 - 00 Facility ID: _____ Location ID: _____
Facility Name: SG 8502C-23 L24496
Sec: 24 Twp: 4S Range: 96W QtrQtr: NWSW Lat: 39.685317 Long: -108.123019

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 01/19/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 02/04/2014

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: Kelly Hamden Email: Kelly.Hamden@encana.com
Signature: Kelly Hamden Title: Permitting Analyst Date: 01/15/2014