

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/17/2014**  
Document Number:  
**400541634**

**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 - 21177 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: STORY GULCH 8505A-24  
Sec: 24 Twp: 4S Range: 96W QtrQtr: NWSW Lat: 39.685222 Long: -108.123067

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 01/20/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 02/05/2014

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: 01/17/2014