

State of Colorado
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OGCC RECEPTION

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Lannie Massey
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API #: 05 - 103 - 08309 - 00 Facility ID: _____ Location ID: _____
Facility Name: FOUNDATION CREEK B 7408
Sec: 25 Twp: 4S Range: 102W QtrQtr: SWNE Lat: 39.674715 Long: -108.790394

MECHANICAL INTEGRITY TEST – 10-DAY NOTICETest Date: 07/10/2014 Time: 00:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: Amy Henline Email: amy.henline@encana.com
Signature: _____ Title: Regulatory Analyst Date: 06/27/2014