



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100185</u>	Contact Person: <u>Clyde Marks</u>
Company Name: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(970) 309-3061</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>clyde.marks@encana.com</u>
API #: <u>05 - 045 - 21395 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Albertson DHS 1C-15 G15 7101</u>	
Sec: <u>15</u> Twp: <u>7S</u> Range: <u>101W</u> QtrQtr: <u>SWNE</u>	Lat: <u>39.446525</u> Long: <u>-108.646400</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/21/2012 Time: 06:00 (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: Judith Walter Email: judith.walter@encana.com

Signature: _____ Title: Regulatory Analyst Date: 05/29/2012