

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
05/30/2012
Document Number:
400290498

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Cody Huseby
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 353 5374
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: cody.huseby@encana.com
API #: 05 - 045 - 20320 - 00 Facility ID: _____ Location ID: _____
Facility Name: N. Parachute EF16B-27 P27595
Sec: 27 Twp: 5S Range: 95W QtrQtr: SESE Lat: 39.579456 Long: -108.033258

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 05/30/2012 Time: 17:00 (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: Cody Huseby Email: cody.huseby@encana.com
Signature: _____ Title: well site supervisor Date: 05/30/2012