

FORM
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OGCC RECEPTION
Receive Date:
05/31/2012
Document Number:
400290246

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Clyde Marks
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 309-3061
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: clyde.marks@encana.com

API #: 05 - 045 - 21132 - 00 Facility ID: _____ Location ID: _____
Facility Name: SG WD11A-19 C19495
Sec: 19 Twp: 4S Range: 95W QtrQtr: NENW Lat: 39.693136 Long: -108.098822

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/05/2012 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: 05/31/2012