

FORM
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Rev
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OGCC RECEPTION
Receive Date:
06/14/2012
Document Number:
400295653

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Ira Cox
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 303-5358
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: ira.cox@encana.com
API #: 05 - 045 - 20803 - 00 Facility ID: _____ Location ID: _____
Facility Name: DW 8608E-28 P28496
Sec: 28 Twp: 4S Range: 96W QtrQtr: SESE Lat: 39.668092 Long: -108.165736

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 06/15/2012 Time: 00:00 (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: Ira Cox Email: ira.cox@encana.com
Signature: _____ Title: Supervisor Date: 06/14/2012