

FORM
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OGCC RECEPTION
Receive Date:
06/18/2012
Document Number:
400296834

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: JOE KAUFFMANN
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 774-3959
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: JOE.KAUFFMANN@ENCANA.COM
API #: 05 - 123 - 32541 - 00 Facility ID: _____ Location ID: _____
Facility Name: ANDERSON 6-4-32
Sec: 32 Twp: 2N Range: 68W QtrQtr: NENE Lat: 40.099510 Long: -105.021320

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/23/2012 Time: 07:00 (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: JENNIFER LIND Email: JENNIFER.LIND@ENCANA.COM
Signature: _____ Title: REGULATORY ANALYST Date: 06/18/2012