

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



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