

FORM
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Rev
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OGCC RECEPTION

Receive Date:
06/19/2012

Document Number:
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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: KIRBY BURCHETT
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2664
Address: 370 17TH ST STE 1700 Fax: (720) 876-6060
City: DENVER State: CO Zip: 80202-5632 Email: KIRBY.BURCHETT@ENCANA.COM
API #: 05 - 045 - 09408 - 00 Facility ID: _____ Location ID: _____
Facility Name: SHIDELER 33-4D(E33NE)
Sec: 33 Twp: 6S Range: 92W QtrQtr: SWNW Lat: 39.486550 Long: -107.678990

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: 06/27/2012 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: RUTHANN MORSS Email: RUTHANN.MORSS@ENCANA.COM
Signature: _____ Title: REGULATORY ANALYST Date: 06/19/2012