

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**07/23/2012**

Document Number:  
**400308075**

**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 - 35604 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Maier 4-2-28  
Sec: 28 Twp: 2N Range: 66W QtrQtr: SWNE Lat: 40.111530 Long: -104.780640

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 07/28/2012 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: 07/23/2012