

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
08/21/2012
Document Number:
400287455

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100185</u>	Contact Person: <u>KIRBY BURCHETT</u>
Company Name: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(970) 285-2664</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6060</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>KIRBY.BURCHETT@ENCANA.COM</u>
API #: <u>05 - 077 - 09246 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>KYNE 1-10(PL1SE)</u>	
Sec: <u>1</u> Twp: <u>10S</u> Range: <u>96W</u> QtrQtr: <u>NWSE</u>	Lat: <u>39.214390</u> Long: <u>-108.050720</u>

MECHANICAL INTEGRITY TEST – 10-DAY NOTICE

Test Date: <u>09/10/2012</u>	Time: <u>10:00</u> (HH:MM)	Underground Injection Control(UIC) Well? <u>No</u>
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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: <u>RUTHANN MORSS</u>	Email: <u>RUTHANN.MORSS@ENCANA.COM</u>
Signature: _____	Title: <u>REGULATORY ANALYST</u> Date: <u>08/21/2012</u>