

FORM
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OGCC RECEPTION
Receive Date:
09/18/2012
Document Number:
400328145

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Clyde Marks
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2681
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: clyde.marks@encana.com
API #: 05 - 045 - 20795 - 00 Facility ID: _____ Location ID: _____
Facility Name: DW 8609F-28 P28496
Sec: 28 Twp: 4S Range: 96W QtrQtr: SESE Lat: 39.667936 Long: -108.165736

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/20/2012 Time: 10:00 (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: Erin Hochstetler Email: erin.hochstetler@encana.com
Signature: _____ Title: Permitting Technician Date: 09/18/2012