



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 - 34128 - 00 Facility ID: _____ Location ID: _____
Facility Name: FILE 1-17
Sec: 17 Twp: 2N Range: 68W QtrQtr: NWNE Lat: 40.142910 Long: -105.023690

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 09/22/2012 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: 09/19/2012