

FORM
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Rev
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OGCC RECEPTION
Receive Date:
11/01/2012
Document Number:
400342311

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 - 20320 - 00 Facility ID: _____ Location ID: _____
Facility Name: N. Parachute EF16B-27 P27595
Sec: 27 Twp: 5S Range: 95W QtrQtr: SESE Lat: 39.579456 Long: -108.033258

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/05/2012 Time: 08:00 (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: Marina Ayala Email: marina.ayala@encana.com
Signature: _____ Title: Permitting Technician Date: 11/01/2012