

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/07/2013**  
Document Number:  
**400378786**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: KIRBY BURCHETT  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2664  
Address: 370 17TH ST STE 1700 Fax: (720) 876-6060  
City: DENVER State: CO Zip: 80202-5632 Email: KIRBY.BURCHETT@ENCANA.COM  
API #: 05 - 045 - 14729 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: MAP LLC 11-12BB (PK11)  
Sec: 11 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.450740 Long: -107.968170

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 02/14/2013 Time: 10:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: RUTHANN MORSS Email: RUTHANN.MORSS@ENCANA.COM  
Signature: \_\_\_\_\_ Title: REGULATORY ANALYST Date: 02/07/2013