

FORM
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03/12



OGCC RECEPTION
Receive Date:
04/21/2013
Document Number:
400407022

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Ira Cox
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 353-5374
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: ira.cox@encana.com
API #: 05 - 045 - 21168 - 00 Facility ID: _____ Location ID: _____
Facility Name: STORY GULCH 8510A-23
Sec: 24 Twp: 4S Range: 96W QtrQtr: NWSW Lat: 39.685031 Long: -108.123236

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 04/22/2013 Time: 20:00 (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: Ira Cox Email: ira.cox@encana.com
Signature: Ira Cox Title: Drilling Supervisor Date: 04/21/2013