

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

05/18/2013

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Kelvin Edsall
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 774-3912
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: Kelvin.Edsall@Encana.com
API #: 05 - 123 - 31390 - 00 Facility ID: _____ Location ID: _____
Facility Name: IONE 4-8-2
Sec: 2 Twp: 2N Range: 66W QtrQtr: SWSW Lat: 40.162378 Long: -104.749950

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 05/20/2013 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: Sheilla Reed-High Email: sheilla.reedhigh@Encana.com
Signature: _____ Title: Drilling and Compl. Tech. Date: 05/18/2013