

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/24/2013**  
Document Number:  
**400424344**

**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 - 36094 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: IONE 2G-2H  
Sec: 2 Twp: 2N Range: 66W QtrQtr: NENW Lat: 40.173110 Long: -104.748660

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 05/29/2013 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: 05/24/2013