

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**06/13/2013**  
Document Number:  
**400433481**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Nick Ronan  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (720) 876-3838  
Address: 370 17TH ST STE 1700 Fax: (720) 876-6838  
City: DENVER State: CO Zip: 80202-5632 Email: nicholas.ronan@encana.com  
API #: 05 - 123 - 20838 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: TOWNSEND 34-5  
Sec: 5 Twp: 2N Range: 67W QtrQtr: SWSE Lat: 40.162668 Long: -104.912057

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

Date of Treatment: 06/20/2013 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: Jane Washburn Email: jane.washburn@encana.com  
Signature: Jane Washburn Title: Operations Technologist Date: 06/13/2013