

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
06/13/2013
Document Number:
400433510

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100185</u>	Contact Person: <u>Nick Ronan</u>
Company Name: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-3838</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>(720) 876-6838</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>nicholas.ronan@encana.com</u>
API #: <u>05 - 123 - 23602 - 00</u>	Facility ID: _____ Location ID: _____
Facility Name: <u>BEARDEN 13-6</u>	
Sec: <u>6</u> Twp: <u>1N</u> Range: <u>68W</u> QtrQtr: <u>NESW</u>	Lat: <u>40.076934</u> Long: <u>-105.049787</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 06/24/2013 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