

FORM
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OGCC RECEPTION
Receive Date:
06/26/2013
Document Number:
400439697

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: michael olsen
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 353-5354
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: michael.olsen@encana.com
API #: 05 - 045 - 22008 - 00 Facility ID: _____ Location ID: _____
Facility Name: Hagen Federal 22-4B (PC22)
Sec: 22 Twp: 7S Range: 95W QtrQtr: NENW Lat: 39.428692 Long: -107.986655

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 06/27/2013 Time: 18:00 (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: michael olsen Email: michael.olsen@encana.com
Signature: _____ Title: _____ Date: 06/26/2013