

FORM
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OGCC RECEPTION
Receive Date:
06/28/2013
Document Number:
400440311

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: Clyde Marks
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 309-3061
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: clyde.marks@encana.com
API #: 05 - 045 - 20936 - 00 Facility ID: _____ Location ID: _____
Facility Name: STORY GULCH 8512A-36 D36496
Sec: 36 Twp: 4S Range: 96W QtrQtr: Lot 4 Lat: 39.664889 Long: -108.122903

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 07/07/2013 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: Cristi L. Cota-Smith Email: cristi.cota-smith@encana.com
Signature: _____ Title: Permitting Analyst Date: 06/28/2013