

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**08/26/2013**

Document Number:  
**400472071**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Kelvin Edsall  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 501-9805  
Address: 370 17TH ST STE 1700 Fax: (303) 774-4912  
City: DENVER State: CO Zip: 80202-5632 Email: kelvin.edsall@encana.com

API #: 05 - 123 - 36820 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: McPeek 2-8-10  
Sec: 10 Twp: 2N Range: 66W QtrQtr: SESW Lat: 40.146540 Long: -104.764010

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

Date of Treatment: 09/04/2013 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: 08/26/2013