

FORM  
42  
Rev  
03/12



OGCC RECEPTION

Receive Date:  
**09/30/2013**

Document Number:  
**400487671**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Mitch Steinke  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (970) 285-2654  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: mitch.steinke@encana.com  
API #: 05 - 103 - 10408 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: LEFT FORK 6502  
Sec: 23 Twp: 2S Range: 99W QtrQtr: NENW Lat: 39.867186 Long: -108.474284

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 10/10/2013 Time: 09:00 (HH:MM) Underground Injection Control(UIC) Well? No

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: Judith Walter Email: judith.walter@encana.com  
Signature: \_\_\_\_\_ Title: Regulatory Analyst Date: 09/30/2013