

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/20/2014**  
Document Number:  
**400557990**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 100185 Contact Person: Andrea Rasey  
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 774-3960  
Address: 370 17TH ST STE 1700 Fax: ( )  
City: DENVER State: CO Zip: 80202-5632 Email: andrea.rasey@encana.com  
API #: 05 - 123 - 37511 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: State 3F-16H  
Sec: 16 Twp: 3N Range: 68W QtrQtr: SWSW Lat: 40.222120 Long: -105.016320

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

Date of Treatment: 02/24/2014 Time: 10:00 (HH:MM) Anticipated Date of flowback: 03/29/2014

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: Andrea Rasey Email: andrea.rasey@encana.com  
Signature: Andrea Rasey Title: Completions Tech Date: 02/20/2014