



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100185</u>	Contact Person: <u>Bonnie Lamond</u>
Company Name: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(720) 876-5156</u>
Address: <u>370 17TH ST STE 1700</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202-5632</u>	Email: <u>bonnie.lamond@encana.com</u>
API #: <u>05 - 123 - 38058 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>McConahay 1B-34H-H266</u>	
Sec: <u>34</u> Twp: <u>2n</u> Range: <u>66w</u> QtrQtr: <u>SENE</u>	Lat: <u>40.098020</u> Long: <u>-104.757730</u>

OFFSET MITIGATION COMPLETED

This well was mitigated per the Offset Horizontal Policy. Permitted horizontal well requiring mitigation - API # 123-09996
Appropriate documentation for mitigation has been/will be submitted.

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: <u>Bonnie Lamond</u>	Email: <u>bonnie.lamond@encana.com</u>
Signature: <u>Bonnie Lamond</u>	Title: <u>Permitting Analyst</u> Date: <u>03/19/2014</u>