

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

12/02/2014

Document Number:

400743401

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>100185</u>	Contact Person: <u>Andrea Rasey</u>
Company Name: <u>ENCANA OIL & GAS (USA) INC</u>	Phone: <u>(303) 7743960</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>andrea.rasey@encana.com</u>

API #: <u>05 - 123 - 39729 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>Dale 4J-20H-O264</u>	<input type="checkbox"/> Submit By Other Operator	
Sec: <u>20</u> Twp: <u>2N</u> Range: <u>64W</u> QtrQtr: <u>SWSE</u>	Lat: <u>40.117640</u>	Long: <u>-104.571780</u>

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 12/09/2014 Time: 06:00 (HH:MM) Anticipated Date of flowback: 02/09/2015

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>Andrea Rasey</u>	Email: <u>andrea.rasey@encana.com</u>
Signature: <u>Andrea Rasey</u>	Title: <u>Completions Tech</u> Date: <u>12/02/2014</u>