

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
04/13/2012
Document Number:
400272010

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 100185 Contact Person: KELVIN EDSALL
Company Name: ENCANA OIL & GAS (USA) INC Phone: (303) 774-3912
Address: 370 17TH ST STE 1700 Fax: ()
City: DENVER State: CO Zip: 80202-5632 Email: KELVIN.EDSALL@ENCANA.COM
API #: 05 - 123 - 34362 - 00 Facility ID: _____ Location ID: _____
Facility Name: GRATTAN 4B-30H
Sec: 30 Twp: 2N Range: 64W QtrQtr: SESE Lat: 40.104020 Long: -104.586010

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 04/16/2012 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: JENNIFER LIND Email: JENNIFER.LIND@ENCANA.COM
Signature: _____ Title: REGULATORY ANALYST Date: 04/13/2012