

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/12/2012**  
Document Number:  
**400315029**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>96850</u>	Contact Person: <u>frank moore</u>
Company Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 985-8976</u>
Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>( )</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>frank.moore@wpxenergy.com</u>
API #: <u>05 - 045 - 20451 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Savage RWF 542-34</u>	
Sec: <u>35</u> Twp: <u>6S</u> Range: <u>94W</u> QtrQtr: <u>SWNW</u>	Lat: <u>39.483342</u> Long: <u>-107.862931</u>

**BLOW OUT PREVENTER TEST – 24-Hour notice**

Test Date: 08/13/2012 Time: 14:00 (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: frank moore Email: frank.moore@wpxenergy.com

Signature: frank moore Title: \_\_\_\_\_ Date: 08/12/2012