

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:

08/15/2012

Document Number:

400316510

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: wc wilson
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 618-6433
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: wcwilson@wpxenergy.com
API #: 05 - 045 - 19832 - 00 Facility ID: _____ Location ID: _____
Facility Name: Savage RWF 34-27
Sec: 27 Twp: 6S Range: 94W QtrQtr: SWSE Lat: 39.490233 Long: -107.872457

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 08/16/2012 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: wc wilson Email: wcwilson@wpxenergy.com
Signature: _____ Title: coman Date: 08/15/2012