



NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>96850</u>	Contact Person: <u>wc wilson</u>
Company Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 618-6433</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>wcwilson@wpxenergy.com</u>
API #: <u>05 - 045 - 20100 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Savage PA 544-5</u>	
Sec: <u>4</u> Twp: <u>7S</u> Range: <u>95W</u> QtrQtr: <u>NESW</u>	Lat: <u>39.463395</u> Long: <u>-108.006843</u>

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 11/19/2012 Time: 10:00 (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: 11/19/2012