

FORM
4
Rev 12/05

State of Colorado

Oil and Gas Conservation Commission

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



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

RECEIVED
12/20/2012

1. OGCC Operator Number: 96850	4. Contact Name: Karolina Blaney	Complete the Attachment Checklist OP OGCC
2. Name of Operator: WPX Energy Rocky Mountain LLC	Phone: 970 683 2295	
3. Address: 1058 County Road 215 City: Parachute State: CO Zip: 81635	Fax: 970 285 9573	
5. API Number 05-	OGCC Facility ID Number 414570 (P174)	Survey Plat
6. Well/Facility Name:	7. Well/Facility Number PA 41-31	Directional Survey
8. Location (Qtr/Sec, Twp, Rng, Meridian): SESE 531 T6S R9SW 6th PM		Surface Eqmt Diagram
9. County: Garfield	10. Field Name: Parachute	Technical Info Page
11. Federal, Indian or State Lease Number:		Other

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat (a change of surface qtr/qtr is substantive and requires a new permit)	
Change of Surface Footage from Exterior Section Lines: <input type="checkbox"/> FNL/FSL <input type="checkbox"/> FEL/FWL Change of Surface Footage to Exterior Section Lines: <input type="checkbox"/> <input type="checkbox"/> Change of Bottomhole Footage from Exterior Section Lines: <input type="checkbox"/> <input type="checkbox"/> Change of Bottomhole Footage to Exterior Section Lines: <input type="checkbox"/> <input type="checkbox"/> attach directional survey	Bottomhole location Qtr/Sec, Twp, Rng, Mer Latitude _____ Distance to nearest property line _____ Distance to nearest bldg, public rd, utility or RR _____ Longitude _____ Distance to nearest lease line _____ Is location in a High Density Area (rule 603b)? Yes/No _____ Ground Elevation _____ Distance to nearest well same formation _____ Surface owner consultation date: _____
GPS DATA: Date of Measurement _____ PDOP Reading _____ Instrument Operator's Name _____	
<input type="checkbox"/> CHANGE SPACING UNIT Formation _____ Formation Code _____ Spacing order number _____ Unit Acreage _____ Unit configuration _____	<input type="checkbox"/> Remove from surface bond Signed surface use agreement attached
<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling): Effective Date: _____ Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	<input type="checkbox"/> CHANGE WELL NAME NUMBER From: _____ To: _____ Effective Date: _____
<input type="checkbox"/> ABANDONED LOCATION: Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No Date Ready for inspection: _____	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS Date well shut in or temporarily abandoned: _____ Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No MIT required if shut in longer than two years. Date of last MIT _____
<input type="checkbox"/> SPUD DATE: _____	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK *submit cbl and cement job summaries Method used _____ Cementing tool setting/perf depth _____ Cement volume _____ Cement top _____ Cement bottom _____ Date _____	
<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004. Final reclamation will commence on approximately _____ <input type="checkbox"/> Final reclamation is completed and site is ready for inspection.	

Technical Engineering/Environmental Notice

<input type="checkbox"/> Notice of Intent Approximate Start Date: _____	<input checked="" type="checkbox"/> Report of Work Done Date Work Completed: 12/10/12
Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)	
<input type="checkbox"/> Intent to Recomplete (submit form 2) <input type="checkbox"/> Change Drilling Plans <input type="checkbox"/> Gross Interval Changed? <input type="checkbox"/> Casing/Cementing Program Change	<input type="checkbox"/> Request to Vent or Flare <input type="checkbox"/> Repair Well <input type="checkbox"/> Rule 502 variance requested <input checked="" type="checkbox"/> Other: Remediation #7061
<input type="checkbox"/> E&P Waste Disposal <input type="checkbox"/> Beneficial Reuse of E&P Waste <input type="checkbox"/> Status Update/Change of Remediation Plans for Spills and Releases	

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Karolina Blaney
Print Name: Karolina BlaneyDate: 12/20/2012 Email: Karolina.Blaney@WPXEnergy.com
Title: Environmental SpecialistCOGCC Approved: Chris Canfield

CONDITIONS OF APPROVAL IF ANY:

Title: FOR

Date: 01/08/2013

Chris Canfield
EPS NW Region

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 96850 API Number: _____
2. Name of Operator: WPX Energy Rocky Mountain LLC OGCC Facility ID # 414570
3. Well/Facility Name: _____ Well/Facility Number: PA 41-31
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESE S31 T6S R95W 6th PM

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

The purpose of this Form 4 is to notify COGCC that the PA 41-31 special purpose pit has been backfilled. Remediation # 7365.