

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**04/07/2013**  
Document Number:  
**400400876**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Rick Oaks  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 210-2167  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: rick.oaks@wpxenergy.com  
API #: 05 - 045 - 21931 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Bosely SG 702-23-HN1  
Sec: 23 Twp: 7S Range: 96W QtrQtr: SWSW Lat: 39.418143 Long: -108.086269

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

Test Date: 04/07/2013 Time: 23:00 (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: Rick Oaks Email: rick.oaks@wpxenergy.com  
Signature: Rick Oaks Title: wpx rep. Date: 04/07/2013