

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/15/2013**  
Document Number:  
**400448039**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: <u>96850</u>	Contact Person: <u>Ron Towers</u>
Company Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 261-5648</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>ron.towers@wpxenergy.com</u>
API #: <u>05 - 045 - 21864 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Federal PA 411-27</u>	
Sec: <u>27</u> Twp: <u>6S</u> Range: <u>95W</u> QtrQtr: <u>Lot 6</u>	Lat: <u>39.496648</u> Long: <u>-107.989127</u>

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

Test Date: 07/17/2013 Time: 12:00 (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: Ron Towers Email: ron.towers@wpxenergy.com

Signature: Ron Towers Title: Consultant Date: 07/15/2013