

FORM
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Rev
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OGCC RECEPTION
Receive Date:
07/24/2013
Document Number:
400453701

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 - 20653 - 00 Facility ID: _____ Location ID: _____
Facility Name: Federal PA 324-12
Sec: 12 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.452079 Long: -107.949774

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 07/24/2013 Time: 06:53 (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: 07/24/2013