

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
08/11/2013
Document Number:
400466244

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: luke hubbard
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 433-4339
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: luke.hubbard@wpxenergy.com
API #: 05 - 045 - 20660 - 00 Facility ID: _____ Location ID: _____
Facility Name: Federal PA 423-12
Sec: 12 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.452100 Long: -107.949832

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 08/11/2013 Time: 02:00 (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: LUKE HUBBARD Email: luke.hubbard@wpxenergy.com
Signature: _____ Title: well site supervisor Date: 08/11/2013