

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/02/2014**  
Document Number:  
**400533700**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Ron Towers  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 261-5648  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: ron.towers@wpxenergy.com  
API #: 05 - 045 - 22028 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Federal PA 542-21  
Sec: 21 Twp: 6S Range: 95W QtrQtr: SENW Lat: 39.510486 Long: -108.007938

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

Test Date: 01/03/2014 Time: 03:00 (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: 01/02/2014