



**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 - 22039 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Federal PA 31-21</u>	
Sec: <u>21</u> Twp: <u>6S</u> Range: <u>95W</u> QtrQtr: <u>SENW</u>	Lat: <u>39.510513</u> Long: <u>-108.007991</u>

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

Test Date: 02/06/2014 Time: 05:00 (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: 02/03/2014