

FORM  
42  
Rev  
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OGCC RECEPTION  
Receive Date:  
02/22/2014  
Document Number:  
400560661

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Brandon Haire  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 2167145  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: brandon.haire@wpxenergy.com  
API #: 05 - 045 - 22134 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: WPX ENERGY PA 23-2  
Sec: 2 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.465120 Long: -107.969331

FORMATION INTEGRITY TEST – 24-hour notice  
Test Date: 02/24/2014 Time: 01:00 (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: Brandon Haire Email: brandon.haire@wpxenergy.com  
Signature: Brandon Haire Title: Consultant Date: 02/22/2014