

FORM  
42

Rev  
03/12

State of Colorado  
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203  
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

04/26/2014

Document Number:

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**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 - 22264 - 00</u>	Facility ID: _____	Location ID: _____
Facility Name: <u>C&amp;C Energy GM 422-13</u>		
Sec: <u>12</u>	Twp: <u>7S</u>	Range: <u>96W</u> QtrQtr: <u>SWSW</u>
Lat: <u>39.445597</u>	Long: <u>-108.064494</u>	

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

Test Date: 04/28/2014 Time: 12:00 (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: <u>Ron Towers</u>	Email: <u>ron.towers@wpxenergy.com</u>
Signature: <u>Ron Towers</u>	Title: <u>Consultant</u> Date: <u>04/26/2014</u>