

State of Colorado
Oil and Gas Conservation Commission1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109

OGCC RECEPTION

Receive Date:

12/09/2014

Document Number:

400748212

NOTICE OF NOTIFICATION

Entity Information

| | |
|--|--|
| OGCC Operator Number: <u>96850</u> | Contact Person: <u>Ted VonFeldt</u> |
| Company Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> | Phone: <u>(970) 210-8993</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>ted.vonfeldt@wpxenergy.com</u> |

| | | |
|--|---|--------------------------|
| API #: <u>05 - 045 - 22347 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>Youberg RU 42-7</u> | <input type="checkbox"/> Submit By Other Operator | |
| Sec: <u>7</u> Twp: <u>7S</u> Range: <u>93W</u> QtrQtr: <u>SENE</u> | Lat: <u>39.459689</u> | Long: <u>-107.808039</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 12/11/2014 Time: 07:00 (HH:MM) Anticipated Date of flowback: 12/11/2014

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>Ted VonFeldt</u> | Email: <u>ted.vonfeldt@wpxenergy.com</u> |
| Signature: <u>Ted VonFeldt</u> | Title: <u>Completion Supervisor</u> Date: <u>12/09/2014</u> |