



SUNDRY NOTICE

Submit original plus one copy. This form is to be used for general, technical and environmental sundry information. For proposed or completed operations, describe in full on Technical Information Page (Page 2 of this form.) Identify well or other facility by API Number or by OGCC Facility ID. Operator shall send an informational copy of all sundry notices for wells located in High Density Areas to the Local Government Designee (Rule 603b.)

RECEIVED

MAR 28 2012

COGCC/Rifle Office

Complete the Attachment
Checklist

OP OGCC

1. OGCC Operator Number: 96850	4. Contact Name: Matt Barber
2. Name of Operator: WPX Energy Rocky Mountain, LLC	Phone: (303) 606-4385
3. Address: 1001 17th Street, Suite 1200	Fax: (303) 629-8268
City: Denver State: CO Zip: 80202	
5. API Number 05-045-20983-00	OGCC Facility ID Number
6. Well/Facility Name: Jolley	7. Well/Facility Number: KP 21-17
8. Location (Qtr/Qtr, Sec, Twp, Rng, Meridian): SESW, Sec. 8, T6S, R91W, 6th PM	
9. County: Garfield	10. Field Name: Kokopeli
11. Federal, Indian or State Lease Number: COC51146	

Survey Plat		
Directional Survey		
Surface Eqmnt Diagram		
Technical Info Page	X	
Other		

General Notice

<input type="checkbox"/> CHANGE OF LOCATION: Attach New Survey Plat	(a change of surface qtr/qtr is substantive and requires a new permit)				
Change of Surface Footage from Exterior Section Lines:	<table><tr><td>FNL/FSL</td><td>FEL/FWL</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	FNL/FSL	FEL/FWL	<input type="checkbox"/>	<input type="checkbox"/>
FNL/FSL	FEL/FWL				
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Surface Footage to Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Bottomhole Footage from Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Change of Bottomhole Footage to Exterior Section Lines:	<table><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>				
Bottomhole location Qtr/Qtr, Sec, Twp, Rng, Mer	attach directional survey				
Latitude	Distance to nearest property line				
Longitude	Distance to nearest bldg, public rd, utility or RR				
Ground Elevation	Distance to nearest lease line				
	Is location in a High Density Area (rule 603b)? Yes/No				
	Distance to nearest well same formation				
	Surface owner consultation date:				

GPS DATA:

Date of Measurement PDOP Reading Instrument Operator's Name

<input type="checkbox"/> CHANGE SPACING UNIT	<input type="checkbox"/> Remove from surface bond
Formation Formation Code Spacing order number Unit Acreage Unit configuration	Signed surface use agreement attached

<input type="checkbox"/> CHANGE OF OPERATOR (prior to drilling):	<input type="checkbox"/> CHANGE WELL NAME	NUMBER
Effective Date:	From:	
Plugging Bond: <input type="checkbox"/> Blanket <input type="checkbox"/> Individual	To:	
	Effective Date:	

<input type="checkbox"/> ABANDONED LOCATION:	<input type="checkbox"/> NOTICE OF CONTINUED SHUT IN STATUS
Was location ever built? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date well shut in or temporarily abandoned:
Is site ready for inspection? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has Production Equipment been removed from site? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Ready for Inspection:	MIT required if shut in longer than two years. Date of last MIT

<input type="checkbox"/> SPUD DATE:	<input type="checkbox"/> REQUEST FOR CONFIDENTIAL STATUS (6 mos from date casing set)
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<input type="checkbox"/> SUBSEQUENT REPORT OF STAGE, SQUEEZE OR REMEDIAL CEMENT WORK	*submit cbl and cement job summaries
Method used Cementing tool setting/perf depth Cement volume Cement top Cement bottom Date	

<input type="checkbox"/> RECLAMATION: Attach technical page describing final reclamation procedures per Rule 1004.	
Final reclamation will commence on approximately	<input type="checkbox"/> Final reclamation is completed and site is ready for inspection.

Technical Engineering/Environmental Notice

<input checked="" type="checkbox"/> Notice of Intent	<input type="checkbox"/> Report of Work Done
Approximate Start Date: 04/10/2012	Date Work Completed:

Details of work must be described in full on Technical Information Page (Page 2 must be submitted.)

<input type="checkbox"/> Intent to Recomplete (submit form 2)	<input type="checkbox"/> Request to Vent or Flare	<input type="checkbox"/> E&P Waste Disposal
<input type="checkbox"/> Change Drilling Plans	<input type="checkbox"/> Repair Well	<input type="checkbox"/> Beneficial Reuse of E&P Waste
<input type="checkbox"/> Gross Interval Changed?	<input type="checkbox"/> Rule 502 variance requested	<input type="checkbox"/> Status Update/Change of Remediation Plans
<input type="checkbox"/> Casing/Cementing Program Change	<input checked="" type="checkbox"/> Other: Request to Complete	for Spills and Releases

I hereby certify that the statements made in this form are, to the best of my knowledge, true, correct and complete.

Signed: Matt Barber Date: 3/28/2012 Email: matt.barber@wpxenergy.com

Print Name: Matt Barber Title: Sr. Regulatory Specialist

COGCC Approved:

Title: NWAE

Date: 3/30/2012

CONDITIONS OF APPROVAL, IF ANY:

TECHNICAL INFORMATION PAGE



FOR OGCC USE ONLY

1. OGCC Operator Number: 96850 API Number: 05-045-20983-00
2. Name of Operator: WPX Energy Rocky Mountain, LLC OGCC Facility ID #
3. Well/Facility Name: Jolley Well/Facility Number: KP 21-17
4. Location (QtrQtr, Sec, Twp, Rng, Meridian): SESW, Sec 8 T6S-R91W

This form is to be completed whenever a Sundry Notice is submitted requiring detailed report of work to be performed or completed. This form shall be transmitted within 30 days of work completed as a "subsequent" report and must accompany Form 4, page 1.

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5. DESCRIBE PROPOSED OR COMPLETED OPERATIONS

THE REFERENCED WELL WAS SUCCESSFULLY CEMENTED ON 2/21/2012

WPX request approval from the COGCC to commence Completion Operations.

ATTACHMENTS:

CBL
WELLBORE SCHEMATIC
TEMPERATURE PLOT
BRADENHEAD PRESSURE SUMMARY