

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**04/19/2012**  
Document Number:  
**400274374**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Kyle Kohl  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 250-7593  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: kyle.kohl@wpxenergy.com  
API #: 05 - 103 - 11861 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Federal RGU 332-25-198  
Sec: 25 Twp: 1S Range: 98W QtrQtr: Lot 7 Lat: 39.935678 Long: -108.339351

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 04/26/2012 Time: 00:00 (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: Kyle Kohl Email: kyle.kohl@wpxenergy.com  
Signature: \_\_\_\_\_ Title: Completions Supervisor Date: 04/19/2012