

FORM
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Rev
03/12



OGCC RECEPTION
Receive Date:
09/30/2012
Document Number:
400332241

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 - 19843 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Savage RWF 41-34</u>	
Sec: <u>27</u> Twp: <u>6S</u> Range: <u>94W</u> QtrQtr: <u>SWSE</u>	Lat: <u>39.490267</u> Long: <u>-107.872354</u>

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 10/02/2012 Time: 18:00 (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: Ron Towers Email: ron.towers@wpxenergy.com

Signature: Ron Towers Title: consultant Date: 09/30/2012