



Receive Date:
10/10/2012

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>96850</u>	Contact Person: <u>Gary Vallad</u>
Company Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 379 1061</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>GaryVallad@wpxenergy.com</u>
API #: <u>05 - 045 - 21208 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>Jolley KP 424-9</u>	
Sec: <u>16</u> Twp: <u>6S</u> Range: <u>91W</u> QtrQtr: <u>NWNW</u>	Lat: <u>39.533391</u> Long: <u>-107.566783</u>

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 10/12/2012 Time: 13:00 (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>Gary Vallad</u>	Email: <u>Gary.Vallad@wpxenergy.com</u>
Signature: <u>Gary Vallad</u>	Title: <u>Consultant</u> Date: <u>10/10/2012</u>