

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203 Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

10/12/2012

Document Number:

400336142

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: Ron Towers
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 261-5648
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: ron.towers@wpxenergy.com
API #: 05 - 045 - 20083 - 00 Facility ID: _____ Location ID: _____
Facility Name: Savage PA 424-4
Sec: 4 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.463374 Long: -108.006785

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 10/14/2012 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: 10/12/2012