

FORM
42
Rev
03/12



OGCC RECEPTION
Receive Date:
12/28/2012
Document Number:
400362509

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 - 20099 - 00 Facility ID: _____ Location ID: _____
Facility Name: Savage PA 343-5
Sec: 4 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.463466 Long: -108.006898

BLOW OUT PREVENTER TEST – 24-Hour notice
Test Date: 12/28/2012 Time: 10:00 (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: 12/28/2012