

FORM
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OGCC RECEPTION
Receive Date:
02/07/2013
Document Number:
400378764

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 - 20080 - 00 Facility ID: _____ Location ID: _____
Facility Name: Savage PA 323-4
Sec: 4 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.463550 Long: -108.006923

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 02/08/2013 Time: 22:00 (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: 02/07/2013