

FORM
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OGCC RECEPTION
Receive Date:
02/15/2013
Document Number:
400382108

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: Kyle Kohl
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 623-8907
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: kyle.kohl@wpxenergy.com

API #: 05 - 045 - 20895 - 00 Facility ID: _____ Location ID: _____
Facility Name: Diamond Elk, LLC PA 344-2
Sec: 1 Twp: 7S Range: 95W QtrQtr: NWSW Lat: 39.465919 Long: -107.954069

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 02/18/2013 Time: 00:00 (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: Kyle Kohl Email: kyle.kohl@wpxenergy.com
Signature: Kyle Kohl Title: Completions Supervisor Date: 02/15/2013