

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**05/09/2013**  
Document Number:  
**400415785**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Mark Graeve  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 379-5857  
Address: 1001 17TH STREET - SUITE #1200 Fax: (970) 285-9573  
City: DENVER State: CO Zip: 80202 Email: mark.grave@wpxenergy.com  
API #: 05 - 045 - 06588 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: DOE 2-W-29  
Sec: 29 Twp: 6S Range: 95W QtrQtr: SENE Lat: 39.498003 Long: -108.016328

**MECHANICAL INTEGRITY TEST – 10-DAY NOTICE**

Test Date: 05/17/2013 Time: 08:00 (HH:MM) Underground Injection Control(UIC) Well? Yes

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: Peggy Carter Email: peggy.carter@wpxenergy.com  
Signature: Peggy Carter Title: Operations Engineer Date: 05/09/2013