

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**07/18/2013**  
Document Number:  
**400450380**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Luke Hubbard  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 433-4339  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: luke.hubbard@wpxenergy.com  
API #: 05 - 045 - 20672 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Federal PA 323-12  
Sec: 12 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.452082 Long: -107.949748

FORMATION INTEGRITY TEST – 24-hour notice  
Test Date: 07/19/2013 Time: 06:00 (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: Luke Hubbard Email: luke.hubbard@wpxenergy.com  
Signature: Luke Hubbard Title: Well Site Supervisor Date: 07/18/2013