

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**08/11/2013**  
Document Number:  
**400466254**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: al hartl  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 618-9987  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: ralph.hartl@wpxenergy.com  
API #: 05 - 045 - 21772 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Federal RU 332-5  
Sec: 5 Twp: 7S Range: 93W QtrQtr: Lot 2 Lat: 39.474661 Long: -107.798729

BLOW OUT PREVENTER TEST – 24-Hour notice  
Test Date: 08/13/2013 Time: 02:00 (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: al hartl Email: ralph.hartl@wpxenergy.com  
Signature: al hartl Title: co rep Date: 08/11/2013