

FORM
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OGCC RECEPTION
Receive Date:
11/15/2013
Document Number:
400513504

NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: 96850 Contact Person: Kent Hejl
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 263-2715
Address: 1001 17TH STREET - SUITE #1200 Fax: ()
City: DENVER State: CO Zip: 80202 Email: kent.hejl@wpxenergy.com
API #: 05 - 045 - 21976 - 00 Facility ID: _____ Location ID: _____
Facility Name: Savage RWF 412-25
Sec: 25 Twp: 6S Range: 94W QtrQtr: SEnw Lat: 39.496945 Long: -107.841114

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

Date of Treatment: 11/19/2013 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: Kent Hejl Email: kent.hejl@wpxenergy.com
Signature: _____ Title: Completion Manager Date: 11/15/2013