

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**01/17/2014**  
Document Number:  
**400541629**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: Brandon Haire  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 216-7145  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: Brandon.haire@wpxenergy.com  
API #: 05 - 045 - 22128 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: Bosely SG 411-27  
Sec: 27 Twp: 7S Range: 96W QtrQtr: NENW Lat: 39.414203 Long: -108.098581

FORMATION INTEGRITY TEST – 24-hour notice  
Test Date: 01/18/2014 Time: 11:00 (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: Brandon Haire Email: Brandon.haire@wpxenergy.com  
Signature: Brandon Haire Title: Consultant Date: 01/17/2014