

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**02/10/2014**  
Document Number:  
**400552622**

**NOTICE OF NOTIFICATION**

**Entity Information**

OGCC Operator Number: 96850 Contact Person: frank moore  
Company Name: WPX ENERGY ROCKY MOUNTAIN LLC Phone: (970) 985-8976  
Address: 1001 17TH STREET - SUITE #1200 Fax: ( )  
City: DENVER State: CO Zip: 80202 Email: frank.moore@wpxenergy.com  
API #: 05 - 045 - 22141 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: WPX ENERGY PA 512-2  
Sec: 2 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.465156 Long: -107.969357

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 02/11/2014 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: frank moore Email: frank.moore@wpxenergy.com  
Signature: frank moore Title: consulting Date: 02/10/2014