

FORM
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OGCC RECEPTION
Receive Date:
03/15/2014
Document Number:
400572367

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 - 22138 - 00 Facility ID: _____ Location ID: _____
Facility Name: WPX ENERGY PA 513-2
Sec: 2 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.465048 Long: -107.969265

FORMATION INTEGRITY TEST – 24-hour notice
Test Date: 03/17/2014 Time: 05:00 (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: 03/15/2014