

FORM  
42  
Rev  
03/12



OGCC RECEPTION  
Receive Date:  
**03/21/2014**  
Document Number:  
**400576585**

**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 - 22232 - 00 Facility ID: \_\_\_\_\_ Location ID: \_\_\_\_\_  
Facility Name: PA 331-7  
Sec: 6 Twp: 7S Range: 95W QtrQtr: LOT 10 Lat: 39.461707 Long: -108.046442

**NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required**

Date of Treatment: 03/24/2014 Time: 05:00 (HH:MM) Anticipated Date of flowback: 03/25/2014

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: 03/21/2014