

FORM
42

Rev
03/12

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80203
Phone: (303) 894-2100 Fax: (303) 894-2109



OGCC RECEPTION

Receive Date:

06/11/2014

Document Number:

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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 - 22140 - 00 Facility ID: _____ Location ID: _____
Facility Name: WPX ENERGY PA 344-3
Sec: 2 Twp: 7S Range: 95W QtrQtr: NESW Lat: 39.465089 Long: -107.969348

BLOW OUT PREVENTER TEST – 24-Hour notice

Test Date: 06/12/2014 Time: 09:00 (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: 06/11/2014