

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:

08/31/2014

Document Number:

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NOTICE OF NOTIFICATION

Entity Information

OGCC Operator Number: <u>96850</u>	Contact Person: <u>Tom Bowen</u>
Company Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u>	Phone: <u>(970) 778-2201</u>
Address: <u>1001 17TH STREET - SUITE #1200</u>	Fax: <u>()</u>
City: <u>DENVER</u> State: <u>CO</u> Zip: <u>80202</u>	Email: <u>thomas.bowen@wpxenergy.com</u>
API #: <u>05 - 103 - 11996 - 00</u> Facility ID: _____	Location ID: _____
Facility Name: <u>FEDERAL BCU 542-30-198</u>	<input checked="" type="checkbox"/> Submit By Other Operator
Sec: <u>30</u> Twp: <u>1N</u> Range: <u>98W</u> QtrQtr: <u>NWSE</u>	Lat: <u>40.024840</u> Long: <u>-108.432469</u>

FORMATION INTEGRITY TEST – 24-hour notice

Test Date: 09/01/2014 Time: 22:00 (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: <u>Tom Bowen</u>	Email: <u>thomas.bowen@wpxenergy.com</u>
Signature: <u>Tom Bowen</u>	Title: <u>WPX Drilling Consultant</u> Date: <u>08/31/2014</u>