

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:

09/12/2014

Document Number:

400685967

NOTICE OF NOTIFICATION

Entity Information

| | |
|--|---------------------------------------|
| OGCC Operator Number: <u>96850</u> | Contact Person: <u>Kent Hejl</u> |
| Company Name: <u>WPX ENERGY ROCKY MOUNTAIN LLC</u> | Phone: <u>(970) 263-2715</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>kent.hejl@wpxenergy.com</u> |

| | | |
|--|--|--------------------------|
| API #: <u>05 - 045 - 22218 - 00</u> | Facility ID: _____ | Location ID: _____ |
| Facility Name: <u>State of Colorado KP 431-9</u> | <input checked="" type="checkbox"/> Submit By Other Operator | |
| Sec: <u>9</u> Twp: <u>6S</u> Range: <u>91W</u> QtrQtr: <u>SWNE</u> | Lat: <u>39.543279</u> | Long: <u>-107.558345</u> |

NOTICE OF HYDRAULIC FRACTURING TREATMENT – 48-hour notice required

| | | |
|--------------------------------------|----------------------------|---|
| Date of Treatment: <u>09/15/2014</u> | Time: <u>06:00</u> (HH:MM) | Anticipated Date of flowback: <u>09/29/2014</u> |
|--------------------------------------|----------------------------|---|

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>Kent Hejl</u> | Email: <u>kent.hejl@wpxenergy.com</u> |
| Signature: _____ | Title: <u>Completion Manager</u> Date: <u>09/12/2014</u> |